

FILE NOW: FILING FEE IS \$61.25

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**Feb 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 735971 (4)

1. Corporation Name
MERIDIAN CLUB OF WINTER PARK, INC.



Principal Place of Business % WINDERWEEDLE HAINES WARD & WOODMAN, P.A. 250 PARK AVENUE SOUTH, 5TH FLOOR WINTER PARK FL 32789	Mailing Address % WINDERWEEDLE HAINES WARD & WOODMAN, P.A. 250 PARK AVENUE SOUTH, 5TH FLOOR WINTER PARK FL 32789
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3. Date Incorporated or Qualified 06/01/1976		
4. FEI Number 59-1691696	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**MCCAGHREN, C. BRENT
250 PARK AVENUE SOUTH, 5TH FLOOR
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number Is Not Acceptable)	
83. City	
84. City	85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LEAHY, JAY	
STREET ADDRESS	982 COBBLER COURT	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DONKIN, IAN C	
STREET ADDRESS	819 TOWERING OAK WAY	
CITY-ST-ZIP	APOPKA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WATSON, WILLIAM	
STREET ADDRESS	1417 CARDINAL RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCAGHREN, BRENT	
STREET ADDRESS	433 E NEW ENGLAND AVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOUDERMILK, AL	
STREET ADDRESS	455 MELROSE AVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUFFY, BOB	
STREET ADDRESS	5000 SIMMONS RD	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Donkin, Ian	
1.3 STREET ADDRESS	819 Towering Oak Way	
1.4 CITY-ST-ZIP	Apopka, FL 32712	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Watson, William	
2.3 STREET ADDRESS	1417 Cardinal Road	
2.4 CITY-ST-ZIP	Orlando, FL 32803	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Asbell, Doug	
3.3 STREET ADDRESS	2162 Majestic Woods Blvd.	
3.4 CITY-ST-ZIP	Apopka, FL 32712	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1/7/98

CR2E037 (10/97)