

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$385)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 10 AM 9:22

**DOCUMENT # 755198 (9)**

1. Corporation Name  
**THE MEADOWS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
1250 H CHENEY HIGHWAY 1250 H CHENEY HIGHWAY  
TITUSVILLE FL 32780-6355 TITUSVILLE FL 32780-6355

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/19/1980** 3a. Date of Last Report **09/17/1994**  
4. FEI Number **59-2099212** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **FILING FEE IS \$61.25**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  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 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**BROAD, TODD A  
1260 B CHENEY HWY  
TITUSVILLE FL 32780**

10. Name and Address of New Registered Agent  
B1 Name **Lois Brown**  
B2 Street Address (P.O. Box Number is Not Acceptable) **1220-F Cheney Hwy**  
B3  
B4 City **Titusville** FL B5 Zip Code **32780**

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 Lois Brown - Treasurer Lois Brown 6-6-95  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	DV
NAME	CUTLER, DOROTHY
STREET ADDRESS	758 S. ORLANDO AVE
CITY - ST - ZIP	COCOA FL
TITLE	D
NAME	PELUSO, ESTHER
STREET ADDRESS	1130-E CHENEY HWY
CITY - ST - ZIP	TITUSVILLE FL
TITLE	SD
NAME	JAMES, KAREN
STREET ADDRESS	1150-E CHENEY HWY
CITY - ST - ZIP	TITUSVILLE FL
TITLE	PD
NAME	BROAD, TODD A
STREET ADDRESS	1260-B CHENEY HWY
CITY - ST - ZIP	TITUSVILLE FL
TITLE	D
NAME	MILLER, LAWRENCE
STREET ADDRESS	5815 BARN AVE
CITY - ST - ZIP	TITUSVILLE FL
TITLE	TD
NAME	LOIS, BROWN
STREET ADDRESS	1220 F CHENEY HWY
CITY - ST - ZIP	TITUSVILLE FL 32780

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Lois Brown Lois Brown 6-7-95 267-5548  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E037 (3-95)