


FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 16 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 # 755198 (9)

1. Corporation Name
THE MEADOWS ASSOCIATION, INC.



Principal Place of Business 1250 H CHENEY HIGHWAY TITUSVILLE FL 32780-6355	Mailing Address 1250 H CHENEY HIGHWAY TITUSVILLE FL 32780-6355
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3. Date Incorporated or Qualified
11/19/1980

4. FEI Number
58-2099212

Applied For	Not Applicable
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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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent

**BUCHANAN, ONNIE
1200-E CHENEY HWY
TITUSVILLE FL 32780**

10. Name and Address of New Registered Agent

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

FL

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 Onnie M. Buchanan pres. **3-7-98**
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	P	<input type="checkbox"/> DELETE
NAME	BUCHANAN, ONNIE	
STREET ADDRESS	1200-E CHENEY HWY	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GRISHAM, FRANK	
STREET ADDRESS	1140 G CHENEY HWY	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MCKINNEY, JONATHAN	
STREET ADDRESS	1250 G CHENEY HWY	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CEDERWALL, JANE	
STREET ADDRESS	1150H CHENEY HWY	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRANNAN, WILLIAM	
STREET ADDRESS	1140H CHENEY HWY	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Addition
2.2 NAME	S/D Shirley Dowling
2.3 STREET ADDRESS	1120 CHENEY HWY
2.4 CITY-ST-ZIP	TITUSVILLE FL 32780
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	T MARGARET BREWSTER
3.3 STREET ADDRESS	1140 B CHENEY HWY
3.4 CITY-ST-ZIP	TITUSVILLE FL 32780
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 checked="" type="checkbox"/> Addition
5.2 NAME	D BERNICE ALPAUGH
5.3 STREET ADDRESS	1140 A CHENEY HWY
5.4 CITY-ST-ZIP	TITUSVILLE FL-32780
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: **ONNIE BUCHANAN** **3/7/98 (407)267-2126**

CR2E037 (10/97)