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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755198

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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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/19/1980
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 59-2099212
23. City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BUCHANAN, ONNIE 1200-E CHENEY HWY TITUSVILLE FL 32780		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	FL 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 *Onnie Buchanan, Pres.* DATE *3 Feb. 99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHANAN, ONNIE	1.2 NAME	
STREET ADDRESS	1200-E CHENEY HWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOWLING, SHIRLEY	2.2 NAME	Kathy Holmes
STREET ADDRESS	1120 C CHENEY HWY	2.3 STREET ADDRESS	1260-B CHENEY HWY
CITY-ST-ZIP	TITUSVILLE FL 32780	2.4 CITY-ST-ZIP	TITUSVILLE, FL- 32780
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREWSTER, MARGARETE	3.2 NAME	Margaret
STREET ADDRESS	1140B CHENEY HWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32780	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEDERWALL, JANE	4.2 NAME	
STREET ADDRESS	1150H CHENEY HWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALPAUGH, BERNICE	5.2 NAME	
STREET ADDRESS	1140 A CHENEY HWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32780	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	VPD FRANK GRISSOM
STREET ADDRESS		6.3 STREET ADDRESS	1140G CHENEY HWY
CITY-ST-ZIP		6.4 CITY-ST-ZIP	TITUSVILLE, FL- 32780

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, with all other like empowered.

SIGNATURE: *Onnie Buchanan, Pres.* DATE: *3 Feb 99* DAYTIME PHONE #: *867-2126*

CR2E037 (1/198)