

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

*Pg 10p2*

DOCUMENT # **755426** (4)  
1. Corporation Name  
**MEADOWLARK COVE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business: PO BOX 08062 FT MYERS FL 33908 US  
Mailing Address: PO BOX 08062 FT MYERS FL 33908 US

3. Date Incorporated or Qualified: 12/08/1980  
3a. Date of Last Report: 06/02/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields.  
4. FEI Number: 59-2121703  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: ~~MEGARA, HARRY 11922 QUAIL RUN DR. FT. MYERS FL 33908~~  
10. Name and Address of New Registered Agent (81-85):  
81 Name: CLAIRE M. WHEELER  
82 Street Address (P.O. Box Number is Not Acceptable): 11812 QUAIL RUN DRIVE  
83  
84 City: FORT MYERS FL 85 Zip Code: 33908

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: *Claire M. Wheeler* DATE: 4-20-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PSD <input type="checkbox"/> DELETE	NAME: WHEELER, CLAIRE M	1.1 TITLE: P/S/D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS: 11812 QUAIL RUN DR	CITY-ST-ZIP: FT. MYERS FL	1.2 NAME:	1.3 STREET ADDRESS: 33908 500001798275
1.4 CITY-ST-ZIP:		2.1 TITLE: S/D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME: ***61.25
TITLE: <del>ESD</del> <input type="checkbox"/> DELETE	NAME: RAMPONE, GLORIA	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP: 33908
STREET ADDRESS: 10917 MEADOWLARK COVE DR	CITY-ST-ZIP: FORT MYERS FL	3.1 TITLE: V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <del>D</del> <input checked="" type="checkbox"/> DELETE	NAME: RAGONESE, LINDA	3.2 NAME: David Bovitz	
STREET ADDRESS: 18943 MEADOWLARK COVE DR	CITY-ST-ZIP: FT. MYERS FL	3.3 STREET ADDRESS: 11822 Quail Run Drive	
3.4 CITY-ST-ZIP:		3.4 CITY-ST-ZIP: Fort Myers, FL 33908	
TITLE: <del>VPD</del> <input checked="" type="checkbox"/> DELETE	NAME: SULLARCO, BARBARA	4.1 TITLE: V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 11932 QUAIL RUN DR	CITY-ST-ZIP: FT. MYERS FL	4.2 NAME: Henry Rampone	33908
4.3 STREET ADDRESS:		4.4 CITY-ST-ZIP: 11882 Quail Run Drive, Fort Myers, FL	
TITLE: <del>PD</del> <input checked="" type="checkbox"/> DELETE	NAME: MEGARA, HARRY	5.1 TITLE: T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 11922 QUAIL RUN DR	CITY-ST-ZIP: SHELBY TOWNSHIP MI	5.2 NAME: Jocelyn Lukasik	33908
5.3 STREET ADDRESS:		5.4 CITY-ST-ZIP: 11840 Quail Run Drive, Fort Myers, FL	
5.4 CITY-ST-ZIP:		6.1 TITLE:	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:		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 119.07(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: *Claire M. Wheeler* DATE: 4-9-96 DAYTIME PHONE #: 489-1334  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: CLARE M. WHEELER

CR2E037 (12/95)

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MEADOWLARK COVE HOMEOWNERS ASSOCIATION  
P.O. BOX 08062  
FORT MYERS, FLORIDA 33908  
1996 BOARD OF DIRECTORS

P/S/D

Claire M. Wheeler  
11812 Quail Run Drive  
Fort Myers, Florida 33908

V/D

David Bovitz  
11822 Quail Run Drive  
Fort Myers, Florida 33908

V/D

Henry Rampone  
11882 Quail Run Drive  
Fort Myers, Florida 33908

T/D

Jocelyn Lukasik  
11840 Quail Run Drive  
Fort Myers, Florida 33908

S/D

Gloria Rampone  
10917 Meadowlark Cove Drive  
Fort Myers, Florida 33908