FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

1. Corporation Name

(5)

THE MEADOWS SOUTH ASSOCIATION, INC.										
Principal Place	of Business	Mailing Address) toblist their britis asiter birde briti	. 1991 91917 97	611 AFA11 BIA11 A1	1811 4 1811 1881	
1325 J CHENEY HWY 1325 J CHENEY HWY TITUSVILLE FL 32780 TITUSVILLE FL 32780										
						3. Date incorporated or Qualified 01/13/1983	3a. Da	te of Last Re 02/07/19	port 96	
2. Principal Pi	Principal Place of Business 2a. Mailing Address					4. FEI Number 59-2299601			plied For	
1						00 E200001		\$8.75 A	t Applicable	
22	w, 610.	27	—			5. Certificate of Status Desired		Fee Re		
City & State)	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added to	o Fees	
Zip	Country	Zip	Country	′	İ	8. This corporation has liability for	intangible Yes		199.032,	
24	9. Name and Address of Current		30			Florida Statutes L 10. Name and Address of New Ro				
	3. Halle and Addiess of Contain	negratorea rigorit	81	Name		7, 11, 11, 11, 11, 11, 11, 11, 11, 11, 1				
					4	- (D.O. Bay Alimbay la Mat Assanta	hla\			
1289-D CHENEY HWY				Street	Addres:	s (P.O. Box Number is Not Accepta	DIB)			
TITUSVILLE FL 32780										
			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	Sprature, typed to privile rame of registered ager	ress. Dol	NM	EGIV	ER	when reinstating)	<u> </u>	97		
12.	OFFICERS AND		13.	eni signature	required	ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 12	
TITLE	P 37 10210 1312	DELETE	1.1 TITLE		[Change	Addition	
NAME	JOHNSON, EARL		1.2 NAME							
STREET ADDRESS	ARRA LANGUELING I HARE		1.3 STREET ADDRESS							
CITY-ST-ZIP	TITUSVILLE FL 32780-6380		1.4 CITY-ST-ZIP							
TITLE	VD DELETE		2.1 TITLE	2.1 TITLE				Change	Addition	
NAME	HILLA, LEO		2.2 NAME	2.2 NAME						
STREET ADDRESS	1309-H CHENEY HWY		2.3 STREE	T ADDRESS						
CITY-ST-ZIP	TITUSVILLE FL		2.4 CITY-	ST-ZIP						
THILE	D	☐ DELETE	3.1 TITLE			¥.	e yek	Change	Addition	
NAME	BARNES, LORA		3.2 NAME							
STREET ADDRESS	1305-I CHENEY HWY			TADDRESS						
CITY-ST-ZIP	TITUSVILLE FL	DELETE	3.4. CITY-	ST-ZIP				Change	Addition	
TITLE	S	□ Necest	4.1 TITLE					L. Orange	Las radicion	
NAME	ALSTON, LOUISE		4. 2 NAME	T ADDRESS						
STREET ADDRESS	1287-A CHENEY HWY TITUSVILLE FL									
CITY-S1-ZIP	D D	DELETE	4.4 CITY- 5.1 TITLE	31 - ZIF	D		:	Change,	Addition	
NAME	LAUBE, MARION		5.2 NAME		M.	MIDDLETON H		7		
STREET ADDRESS	A DESCRIPTION OF THE PROPERTY			5.3 STREET ADDRESS		93- B CHENEY H	WY			
CITY-SI-ZIP	THTUSVILLE, FL 00000		5.4 CITY-		11/1	USVILLE FI 327	80			
TITLE	T	☐ DELETE	6.1 TITLE			— 		Change	☐ Addition	
NAME	MEGIVERN, JOHN		6.2 NAME							
STREET ADDRESS	1289-D CHENEY HWY.		6.3 STREE	T ADDRESS					j	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l). 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.

6.4 CITY-ST-ZIP

TITUSVILLE FL

FILED

Feb 13 1997 8:00am

Secretary of State