## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



**FILED** 

Feb 06 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

766537

(5)

THE MEADOWS SOUTH ASSOCIATION, INC.								
Principal Place of Business Mailing Address							SIGN DIEN BINN BI	ICH WINEL ARNI
1325 J CHENEY HWY TITUSVILLE FL 32780 TITUSVILLE FL 32780 TITUSVILLE FL 32780						3. Date Incorporated or Qualified 01/13/1983 4. FEI Number	- I Ar	oplied For
						59-2299601	——————————————————————————————————————	ot Applicable
2. Principal Place of Business		2a. Mailing Address 26			5. Certificate of Status Desired	\$8.75 / Fee Re		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing Trust Fund Contribution	\$5.00 h Added to	Fees	
City & Stat	e	City & State				7. Is this nonprofit corporation a homeow  X Yes		n?
Zip	Country	Zip	Cour	ntry		8. This corporation owes or has paid the		angible
24	25	29	30			Personal Property Tax due June 30.	☐ Yes 📌	No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Register	ed Agent	
			l'	81 Na	ne			
MEGIVERN, JOHN			[-	82 Stre	Street Address (P.O. Box Number is Not Acceptable)			
1289-D CHENEY HWY TITUSVILLE FL 32780			<del> -</del>	83		-1-01		
moone	EE TE GETOG			<b>84</b> City			85 Zip 0	
			ļ	] ′		F	·L     `	
11. Pursuant office or r	to the provisions of Sections 617,050 egistered agent, or both, in the State	2 and 617.1508, Florida Statut of Florida, Such change was a	es, the ab authorized	ove-nam	ed corpo	ration submits this statement for the purpose in's board of directors. I hereby accept the a	e of changing its	s registered
agent, I a	m familiar with, and accept the oblig	ations of, Section 617.0503, Flo	orida Statu	ites.			Appeniancia de	109,010,00
SIGNATURE	Signature, typed or printed name of registered age	nt and little if annicable (NOT)	F: Registered	Agent sign:	ture required	when reinstating) DAT	=	
12.	OFFICERS AN		13.	Agont sign	ature required	ADDITIONS/CHANGES TO OFFICERS A		S IN 12
TITLE	Р	☐ DELETE	1.1 🎹	.E			Change	Addition
NAME	JOHNSON, EARL		1.2 NAM	ΛE				
STREET ADDRESS	1321-J CHENEY HWY			EET ADDRE	ss			
CITY-ST-ZIF	TITUSVILLE FL 32780-6380	₩ DELETE		Y-ST-ZIP	<del></del>		MI Change	Addition
NAME	VD VD	1 DELETE	2.1 TITU 2.2 NAM		VL	WAY DEBRA	Change	☐ Addition
STREET ADDRESS	HILLA, LEØ 1309-H CHENEY HWY			al Eet addre	s /3	33-D CHENEY HWY		
CITY-ST-ZIP	THUSVILLE FL			Y-ST-ZIP	17,	) Illiam DEBRA 333-D ChENEY HWY TUSVIIIE, Fl. \$2780		
TITLE	D	DELETE	3.1 TITU				Change	☐ Addition
NAME	BARNES, LORA		3.2 NAN	Æ				
STREET ADDRESS	1305-I CHENEY HWY		3.3 STR	3.3 STREET ADDRE				
CITY-ST-ZIP	TITUSVILLE FL		_	Y-ST-ZIP				
TITLE	\$	☐ DELETE	4.1 TITL		Ì		Change	Addition
NAME	ALSTON, LOUISE		4. 2 NA					
STREET ADDRESS	1287-A CHENEY HWY			4.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	TITUSVILLE FL	☐ DELETE		-ST-ZIP			☐ Change	Addition
NAME	D MIDDLETON, M.			5.1 TITLE 5.2 NAME			Onange	L_I Addition
STREET ADDRESS	1293-B CHERRY HWY			ic Eet adore:	:0			
CITY-ST-ZIP	TITUSVILLE, FL 00000			-ST-ZIP	~			
TITLE	T						Change	Addition
NAME	MEGIVERN, JOHN		6.2 NAM		İ		-	į
STREET ADDRESS	1289-D CHENEY HWY.		1	EET ADDRES	is			İ
CITY-ST-ZIP	TITUSVILLE EI			-ST-7IP				

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