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

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 766537

THE MEADOWS SOUTH ASSOCIATION, INC.

Principal Place of Business 1325 J CHENEY HWY TITUSVILLE FL 32780

Mailing Address

1325 J CHENEY HWY TITUSVILLE FL 32780

## **FILED** Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90048 041 \*\*\*\*61.25

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2. Principal P	l Place of Business 2a. Mailing Address					Date Incorporated or Qualifed						
21		26				01/13/1983						
Suite, Apt.	ot. #, etc. Suite, Apt. #, etc.					4.	FEI Num					Applied For
22	27						59-229	9601				Not Applicable
City & State City & State						5.	Certifcate	e of Status De	esired		,	Additional
23							Certifoati	o o o o calcos o	031100	ب	Fee I	Required
Zip	Country	Zip Cou				6. Election Campaign Financii			nancing		\$5.0	May Be
24							Trust Fu	nd Contributio	on		Adde	to Fees
	9. Name and Address of Current	Registered Agent				10.	Name a	nd Address o	of New R	egistered	Agent	
				81	Name							ļ
MEGIVERN, JOHN				82 Street Address (P.O. Box Number is Not Acceptable)								
1289-D CH	HENEY HWY		į									
TITUSVILL	E FL 32780			83								
			ŀ	84	City						85 Zig	Code
	•			0	City					FL	_  03   21	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 JOHN MEGIVERN, TREAS. 1/30/99												
SIGNATURE	Signature, typed or printer hame of registered agent a	nd title if applicable. (NOTE: Re	gistered	Agent s	ignature requ	aired when n	einstating)			DATE	3979	
12.	OFFICERS AND	DIRECTORS	13.			-	ADDITION	S/CHANGES	TO OFF	ICERS A	ND DIRECT	ORS IN 12
TITLE	P	☐ DELETE 1.1T									Change	Addition
NAME	JOHNSON, EARL		1.2 NA	ME	1					Į.		
STREET ADDRESS	1321-J CHENEY HWY	1.3 \$			DDRESS							. [
CITY-ST-ZIP	TITUSVILLE FL 32780-6380	<b>380</b> 1.4 CI			ZIP							
TITLE	VD	DELETE 2.1 TI		LE							Change	Addition
NAME	WILLIAM, DEBRA 22 NA		ME									
STREET ADDRESS	AGO D OLIFFICIAL MANY		3 SYREET ADDRESS									
CITY-ST-ZIP	TITLIONAL E. E. GOZGO		2. 4 CIT	2.4 CITY-ST-ZIP								
TITLE	D DELETE 3.1 TI					1						☐ Addition
NAME	BARNES, LORA		3.2 NA	ME								
STREET ADDRESS	and the second of the second o		3.3 STF	REETAL	ODRESS							
CITY-ST-ZIP	TITIONALE			Y-ST-	ZIP							
TITLE	\$										☐ Change	Addition
NAME	ALSTON, LOUISE			ME	Ì						_ •	_
STREET ADDRESS	A CARLES AND A CAR				DDRESS							
CITY-ST-ZIP	TITUSVILLE FL		4.4 CIT									1
TITLE	D	☐ DELETE	5.1 TITL								Change	Addition
NAME	MIDDLETON, M.		5.2 NAM		ļ							
STREET ADDRESS	1293-B CHERRY HWY		5.3 STR	REET AL	DDRESS							
CITY-ST-ZIP	TITUSVILLE, FL 00000		5.4 CIT	Y-ST-Z	TP							f
TITLE	T	☐ DELETE	6.1 TITL	Æ						Change	☐ Addition	
NAME	MEGIVERN. JOHN	<u> </u>	6.2 NAME				1					
STREET ADDRESS	1289-D CHENEY HWY.		6.3 STR	REETAL	DORESS							
I .	TITUSVILLE FL		6.4 C/T		i							1
	ertify that the information supplied with	this filing does not qualify for the				Saction	110 07/2	(i) Elorida St	tatutae I :	further co	differ that the	imfo

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: Jah