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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N06578 (1)

1. Corporation Name
MCINTOSH MEADOWS ASSOCIATION, INC.

Principal Place of Business 4182 PRAIRIE VIEW DR S SARASOTA FL 34232 US	Mailing Address P O BOX 7116 SARASOTA FL 34278-4116
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2. Principal Place of Business 21 4249 Prairie View Dr. N	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Sarasota, Florida	City & State 28
Zip 24 34232	Country 25 US
Country 29	Zip 30

9. Name and Address of Current Registered Agent

**WALTERS, LOIS J
4080 S PRAIRIE VIEW DRIVE
SARASOTA FL 34232**

3. Date Incorporated or Qualified
12/11/1984

4. FEI Number
59-2486489

Applied For
Not Applicable

6. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name Dale E. Oswalt

82 Street Address (P.O. Box Number is Not Acceptable) 4249 Prairie View Dr. N.

83

84 City Sarasota FL 85 Zip Code 34232

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 617.0502, Florida Statutes.

SIGNATURE Dale E. Oswalt *Dale E. Oswalt* **3/6-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	☒ DELETE	1.1 TITLE PD	☒ Change ☐ Addition
NAME DEERING, JAMES		1.2 NAME Oswalt, Dale E.	
STREET ADDRESS 41052 N PRAIRIE VIEW DRIVE		1.3 STREET ADDRESS 4249 Prairie View Dr. N.	
CITY-ST-ZIP SARASOTA FL		1.4 CITY-ST-ZIP Sarasota, Florida 34232	
TITLE SD	☒ DELETE	2.1 TITLE VD	☒ Change ☐ Addition
NAME MULLEN, GWEN		2.2 NAME Efthimiades, Billy	
STREET ADDRESS 4091 N PRAIRIE VIEW DRIVE		2.3 STREET ADDRESS 4121 Prairie View Dr. N	
CITY-ST-ZIP SARASOTA FL		2.4 CITY-ST-ZIP Sarasota, Florida 34232	
TITLE TD	☒ DELETE	3.1 TITLE TD	☒ Change ☐ Addition
NAME WALTERS, LOIS J		3.2 NAME Hamlin, Leo	
STREET ADDRESS 4080 PRAIRIEVIEW DRIVE S		3.3 STREET ADDRESS 4181 Prairie View Dr.	
CITY-ST-ZIP SARASOTA FL		3.4 CITY-ST-ZIP Sarasota Florida 34232	
TITLE	☐ DELETE	4.1 TITLE SD	☒ Change ☐ Addition
NAME		4.2 NAME Visaggio, Thomas	
STREET ADDRESS		4.3 STREET ADDRESS 4254 Prairie View Dr. N	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Sarasota, Florida 34232	
TITLE	☐ DELETE	5.1 TITLE DD	☒ Change ☐ Addition
NAME		5.2 NAME Simon, Oscar	
STREET ADDRESS		5.3 STREET ADDRESS 4134 Prairie View Dr. N.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP Sarasota, Florida 34232	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE Dale E. Oswalt *Dale E. Oswalt* **3-6-98**

CR2E037 (10/97)