

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N28503** (3)

1. Corporation Name  
**THE MEADOWS EAST ASSOCIATION, INC.**



Principal Place of Business: **847 DOW LN, TITUSVILLE FL 32780**  
Mailing Address: **847 DOW LN, TITUSVILLE FL 32780**

3. Date Incorporated or Qualified: **09/23/1988**  
3a. Date of Last Report: **03/31/1995**

|    |                                |    |                     |            |  |   |
|----|--------------------------------|----|---------------------|------------|--|---|
| 21 | 2. Principal Place of Business | 2a | Mailing Address     | 4          | FEI Number   | Applied For   |
| 22 | Suite, Apt. #, etc.            | 26 | Suite, Apt. #, etc. | 59-2909966 | <input type="checkbox"/>   | Not Applicable  |
| 23 | City & State                   | 27 | City & State        | 5          | Certificate of Status Desired  | <input type="checkbox"/> \$8.75 Additional Fee Required             |
| 24 | Zip                            | 28 | City & State        | 6          | Election Campaign Financing Trust Fund Contribution                                  | <input type="checkbox"/> \$5.00 May Be Added to Fees                |
| 25 | Country                        | 29 | Zip                 | 8          | This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 30 | Country                        | 30 | Country             |            |  |   |

9. Name and Address of Current Registered Agent  
**BERGESON, ROBERT  
858 MARCELLA LANE  
TITUSVILLE FL 32780**

10. Name and Address of New Registered Agent  
81 Name: **CLAUS WENDLER**  
82 Street Address (P.O. Box Number is Not Acceptable): **4708 MARENGO LN**  
83  
84 City: **TITUSVILLE** FL 85 Zip Code: **32780**

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: Claus B. Wendler DATE: **3/4/96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                 |
|----------------------------|-------------------|---|-----------------|
| TITLE                      | VD                | 1.1 TITLE   | PP              |
| NAME                       | BOLLE, EDWARD     | 1.2 NAME  | CLAUS WENDLER   |
| STREET ADDRESS             | 847 DOW LN        | 1.3 STREET ADDRESS                                    | 4708 MARENGO LN |
| CITY-ST-ZIP                | TITUSVILLE FL     | 1.4 CITY-ST-ZIP                                       | TITUSVILLE, FL  |
| TITLE                      | PD                | 2.1 TITLE   | VP              |
| NAME                       | BERGESON, ROBERT  | 2.2 NAME  |                 |
| STREET ADDRESS             | 858 MARCELLA LN   | 2.3 STREET ADDRESS                                    |                 |
| CITY-ST-ZIP                | TITUSVILLE FL     | 2.4 CITY-ST-ZIP                                       |                 |
| TITLE                      | D                 | 3.1 TITLE   | SD              |
| NAME                       | SUTTON, MARGARET  | 3.2 NAME  | WANDA MANSUN    |
| STREET ADDRESS             | 856 DOW LN        | 3.3 STREET ADDRESS                                    | 854 MARCELLA LN |
| CITY-ST-ZIP                | TITUSVILLE FL     | 3.4 CITY-ST-ZIP                                       | TITUSVILLE FL   |
| TITLE                      | D                 | 4.1 TITLE   | D               |
| NAME                       | WILLIAMS, REESE   | 4.2 NAME  | ROBT. GEMMILL   |
| STREET ADDRESS             | 4705 MARENGO LANE | 4.3 STREET ADDRESS                                    | 4703 MEAD LN    |
| CITY-ST-ZIP                | TITUSVILLE FL     | 4.4 CITY-ST-ZIP                                       | TITUSVILLE FL   |
| TITLE                      | SD                | 5.1 TITLE   | D               |
| NAME                       | ODOM, YVONNE      | 5.2 NAME  | DORIS SHANTON   |
| STREET ADDRESS             | 862 MARCELLA LANE | 5.3 STREET ADDRESS                                    | 4709 MARENGO LN |
| CITY-ST-ZIP                | TITUSVILLE FL     | 5.4 CITY-ST-ZIP                                       | TITUSVILLE FL   |
| TITLE                      | TD                | 6.1 TITLE   |                 |
| NAME                       | ZURICA, ANGELA    | 6.2 NAME  |                 |
| STREET ADDRESS             | 4706 MEADE LANE   | 6.3 STREET ADDRESS                                    |                 |
| CITY-ST-ZIP                | TITUSVILLE FL     | 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: Claus B. Wendler DATE: **3/4/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)