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Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 32780-6970

3. Date Incorporated or Qualified: 09/23/1988
3a. Date of Last Report: 03/08/1996

2. Principal Place of Business (21-23)
2a. Mailing Address (26-28)
24. Zip (24-25) Country (25)
26. Suite, Apt. #, etc. (26)
27. Suite, Apt. #, etc. (27)
28. City & State (28)
29. City & State (29)
30. Zip (30) Country (30)

4. FEI Number: 59-2909966
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
WENDLER, CLAUS
4708 MARENGO LA
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number Is Not Acceptable)
83.
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: _____ (NOTE: Registered Agent Signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WENDLER, CLAUS 4708 MARENG LANE TITUSVILLE FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENDLER, CLAUS	1.2 NAME	
STREET ADDRESS	4708 MARENG LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	TITUSVILLE FL	1.4 CITY - ST - ZIP	
TITLE	VD BERGESON, ROBERT 858 MARCELLA LN TITUSVILLE FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	SD MANGUN, WANDA 854 MARCELLA LANE TITUSVILLE F	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANGUN, WANDA	3.2 NAME	SD MARGARET SUTTON
STREET ADDRESS	854 MARCELLA LANE	3.3 STREET ADDRESS	854 DOW LN
CITY - ST - ZIP	TITUSVILLE F	3.4 CITY - ST - ZIP	TITUSVILLE, FL. 32780
TITLE	D GEMMILL, ROBERT 4703 MEAD LANE TITUSVILLE FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEMMILL, ROBERT	4.2 NAME	
STREET ADDRESS	4703 MEAD LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	TITUSVILLE FL	4.4 CITY - ST - ZIP	
TITLE	D SHATON, DORIS 4709 MARENGO LANE TITUSVILLE FL	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHATON, DORIS	5.2 NAME	D RAY WILLIAMS
STREET ADDRESS	4709 MARENGO LANE	5.3 STREET ADDRESS	854 MARCELLA
CITY - ST - ZIP	TITUSVILLE FL	5.4 CITY - ST - ZIP	TITUSVILLE, FL. 32780
TITLE	TD ZURICA, ANGELA 4706 MEADE LANE TITUSVILLE FL	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZURICA, ANGELA	6.2 NAME	TD ANNE WILLIAMS
STREET ADDRESS	4706 MEADE LANE	6.3 STREET ADDRESS	4705 MARENGO
CITY - ST - ZIP	TITUSVILLE FL	6.4 CITY - ST - ZIP	TITUSVILLE, FL 32780

14. I do 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: Claus H. Wendler 3-21-97 (407)267-0002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0015064

CR2E037 (9/96)