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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36755 (9)

1. Corporation Name
THE MEADOWS OF SUGAR MILL, INC.



Principal Place of Business RED MAPLE WAY, LOCH LINNHE LOCH LAGGAN, LOCH LOMOND NEW SMYRNA BEACH FL 32168 US	Mailing Address C/O COSMAC, INC 507 HERBERT ST. STE D PORT ORANGE FL 32118-3845 US
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3. Date Incorporated or Qualified 02/22/1990	3a. Date of Last Report 04/15/1996
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2. Principal Place of Business 21	2a. Mailing Address 26 % ATLANTIC COMMUNITY ASSOC., MGMT & ACCOUNTING, INC.	4. FEI Number 59-3028649	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 507 HERBERT ST., SUITE C	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28 PORT ORANGE, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29 32119	Country 30 VOLUSIA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**REIMER, R L
C/O COSMAC, INC
507 HERBERT ST, STE D
PORT ORANGE FL 32119**

10. Name and Address of New Registered Agent

81 Name REIMER, R. L.	
82 Street Address (P.O. Box Number is Not Acceptable) % ATLANTIC COMMUNITY ASSOCIATION MANAGEMENT MGMT & ACCOUNTING, INC. 507 HERBERT ST., SUITE C	
84 City PORT ORANGE, FL	85 Zip Code 32119

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: *R. L. Reimer* **R. L. REIMER AS AGENT** **4/9/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> DELETE
NAME BRYDON, THOMAS	
STREET ADDRESS 674 INVERNESS CT	
CITY-ST-ZIP NEW SMYRNA BCH FL	
TITLE VD	<input type="checkbox"/> DELETE
NAME GROLL, MARVIN	
STREET ADDRESS 837 SAWGRASS LANE	
CITY-ST-ZIP NEW SMYRNA BEACH FL	
TITLE VD	<input type="checkbox"/> DELETE
NAME SCHULTZ, THOMAS R	
STREET ADDRESS 1124 LOCH LOMOND CT	
CITY-ST-ZIP NEW SMYRNA BCH FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME OBROW, IRVING W	
STREET ADDRESS 628 ST ANDREWS CIRCLE	
CITY-ST-ZIP NEW SMYRNA BEACH FL	
TITLE D	<input type="checkbox"/> DELETE
NAME MARTIN, DONALD	
STREET ADDRESS 1104 RED MAPLE WAY	
CITY-ST-ZIP NEW SMYRNA BCH FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *M. Groll* **REQUIRED** **4/3/97** **904-760-7365**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/96)