

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000001699 (8)**  
1. Corporation Name  
**MEADOWBROOK PARK HOMEOWNERS ASSOCIATION INC.**



Principal Place of Business <b>3801 NEW TAMPA HIGHWAY LAKELAND FL 33801</b>	Mailing Address <b>3801 NEW TAMPA HIGHWAY LAKELAND FL 33815-3333</b>
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3. Date Incorporated or Qualified <b>04/16/1993</b>	3a. Date of Last Report <b>03/04/1996</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**JONES, ALBERT R  
121 TODD STREET  
LAKELAND FL 33801**

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOKE, VERN</b>	1.2 NAME	<b>THOMAS LAURELL</b>
STREET ADDRESS	<b>133 TODD ST</b>	1.3 STREET ADDRESS	<b>31 HILL ST.</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>	1.4 CITY-ST-ZIP	<b>LAKELAND, FL. 33815</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, ALBERT R.</b>	2.2 NAME	
STREET ADDRESS	<b>121 TODD ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SGRO, CONNIE</b>	3.2 NAME	<b>STANGEN, MAGDALENE</b>
STREET ADDRESS	<b>59 PRITCHARD ST</b>	3.3 STREET ADDRESS	<b>165 CASBIER ST</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>	3.4 CITY-ST-ZIP	<b>LAKELAND, FL. 33815</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VLITOWSKI, EDWARD</b>	4.2 NAME	<b>SPRINGSTEEN, DELLA</b>
STREET ADDRESS	<b>114 TODD ST.</b>	4.3 STREET ADDRESS	<b>15B COLTON ST.</b>
CITY-ST-ZIP	<b>LAKELAND FL 33801</b>	4.4 CITY-ST-ZIP	<b>LAKELAND, FL. 33815</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAUNT, DALE</b>	5.2 NAME	<b>PATRICIA E. JONES</b>
STREET ADDRESS	<b>155 COLTON ST</b>	5.3 STREET ADDRESS	<b>121 TODD ST</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>	5.4 CITY-ST-ZIP	<b>LAKELAND, FL. 33815</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURRAY, BENSON</b>	6.2 NAME	<b>BENSON, HELEN</b>
STREET ADDRESS	<b>134 TODD ST</b>	6.3 STREET ADDRESS	<b>134 TODD ST.</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>	6.4 CITY-ST-ZIP	<b>LAKELAND, FL. 33815</b>

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, unchanged, or on an attachment with an address.

SIGNATURE *Albert R Jones* **ALBERT R JONES** 1/21/97 041-680-7801

CR2E037 (9/96)