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FILED
Jan 27 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 # N93000001699 (8)
 1. Corporation Name
MEADOWBROOK PARK HOMEOWNERS ASSOCIATION INC.



Principal Place of Business 3801 NEW TAMPA HIGHWAY LAKELAND FL 33801	Mailing Address 3801 NEW TAMPA HIGHWAY LAKELAND FL 33801
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3. Date Incorporated or Qualified 04/16/1993	Applied For NOT APPLICABLE
4. FEI Number	Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	LAURELL, THOMAS
STREET ADDRESS	31 HILL ST
CITY-ST-ZIP	LAKELAND FL
TITLE	T <input type="checkbox"/> DELETE
NAME	JONES, ALBERT R.
STREET ADDRESS	121 TODD ST
CITY-ST-ZIP	LAKELAND FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	STANGEN, MAGDALENE
STREET ADDRESS	165 CASBIER ST
CITY-ST-ZIP	LAKELAND FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SPRINGSTEEN, DELLA
STREET ADDRESS	158 COLTON ST
CITY-ST-ZIP	LAKELAND FL
TITLE	S <input type="checkbox"/> DELETE
NAME	JONES, PATRICIA E
STREET ADDRESS	121 TODD ST
CITY-ST-ZIP	LAKELAND FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BENSON, HELEN
STREET ADDRESS	134 TODD ST
CITY-ST-ZIP	LAKELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VERN COOKE
1.3 STREET ADDRESS	133 TODD ST.
1.4 CITY-ST-ZIP	LAKELAND FL.
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DALE GAUNT
3.3 STREET ADDRESS	155 COLETON ST.
3.4 CITY-ST-ZIP	LAKELAND, FL.
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOE Willey
4.3 STREET ADDRESS	150 COLETON ST.
4.4 CITY-ST-ZIP	LAKELAND, FL.
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 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: *Albert R. Jones* **ALBERT R. JONES, TREASURER** 1/15/98

CR2E037 (10/97)