

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90103 047 \*\*\*\*61.25

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N93000001699**

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**



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified <b>04/16/1993</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number <b>NOT APPLICABLE</b>	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24		Country 25		Zip 29 <b>33815</b>	
Country 30		Country 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>JONES, ALBERT R                  121 TODD STREET                  LAKELAND FL 33801</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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	P. <input checked="" type="checkbox"/> DELETE		1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAURELL, THOMAS		1.2 NAME	ROBERT WAGNER	
STREET ADDRESS	31 HILL ST		1.3 STREET ADDRESS	196 GOBER ST.	
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP	LAKELAND, FL. 33815	
TITLE	P <input checked="" type="checkbox"/> DELETE		2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOKE, VERN		2.2 NAME	LIONEL TREMBLAY	
STREET ADDRESS	133 TODD ST		2.3 STREET ADDRESS	39 Hill St.	
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP	LAKELAND, FL. 33815	
TITLE	D <input checked="" type="checkbox"/> DELETE		3.1 TITLE	<del>DELETED</del> D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAUNT, DALE		3.2 NAME	LEONARD WINSKI	
STREET ADDRESS	155 COLETON ST		3.3 STREET ADDRESS	195 GOBER ST.	
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP	LAKELAND, FL. 33815	
TITLE	D <input checked="" type="checkbox"/> DELETE		4.1 TITLE	D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLEY, JOE		4.2 NAME	DELLA SPRINGSTEEN	
STREET ADDRESS	150 COLETON ST		4.3 STREET ADDRESS	158 COLTON ST.	
CITY-ST-ZIP	LAKELAND FL		4.4 CITY-ST-ZIP	LAKELAND, FL. 33815	
TITLE	S <input checked="" type="checkbox"/> DELETE		5.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, PATRICIA E		5.2 NAME	MARION WAGNER	
STREET ADDRESS	121 TODD ST		5.3 STREET ADDRESS	196 GOBER ST.	
CITY-ST-ZIP	LAKELAND FL		5.4 CITY-ST-ZIP	LAKELAND, FL. 33815	
TITLE	D <input checked="" type="checkbox"/> DELETE		6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENSON, HELEN		6.2 NAME	BARB ULATOWSKI	
STREET ADDRESS	134 TODD ST		6.3 STREET ADDRESS	114 TODD ST.	
CITY-ST-ZIP	LAKELAND FL		6.4 CITY-ST-ZIP	LAKELAND, FL. 33815	

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, with all other like empowered.

SIGNATURE: ALBERT R. JONES **ALBERT R. JONES TREAS 3/14/99**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **941-688-7391** Daytime Phone #

CR2E037 (11/98)