


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N93000001699 1. Entity Name MEADOWBROOK PARK HOMEOWNERS ASSOCIATION INC.	
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Principal Place of Business 3801 NEW TAMPA HIGHWAY LAKELAND, FL 33807 15	Mailing Address 3801 NEW TAMPA HIGHWAY LAKELAND, FL 33315
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip
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FILED

04 DEC -9 PM 3: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11042004 REIN-NP CR2E099 (6/04)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HENRY, KATHRYN J 65 PRITCHARD STREET LAKELAND, FL 33815	7. Name and Address of New Registered Agent Name <u>John Glass</u> Street Address (P.O. Box Number is Not Acceptable) <u>168 Casbar St.</u> City <u>Lakeland</u> FL Zip Code <u>33815</u>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE John Glass - Treasurer 11/4/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P HATFIELD, ROGER	<input checked="" type="checkbox"/> Delete	TITLE	P CORWIN, BARBARA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	129 TODD ST		STREET ADDRESS	74 PRITCHARD ST	
CITY-ST-ZIP	LAKELAND, FL 33815		CITY-ST-ZIP	LAKELAND, FL 33815	
TITLE	VP O'BRIEN, BARBARA	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	48 PRITCHARD ST		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33815		CITY-ST-ZIP		
TITLE	VP HITCH, SAM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	197 GOBER ST		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33815		CITY-ST-ZIP		
TITLE	D FROEBEL, GENE	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	69 PRITCHARD		STREET ADDRESS	John Glass	
CITY-ST-ZIP	LAKELAND, FL 33815		CITY-ST-ZIP	168 Casbar St. Lakeland, FL 33815	
TITLE	D CORWIN, BARBARA	<input checked="" type="checkbox"/> Delete	TITLE	TRADER, DONELL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	74 PRITCHARD		STREET ADDRESS	147 COTTON ST.	
CITY-ST-ZIP	LAKELAND, FL 33815		CITY-ST-ZIP	LAKELAND, FL 33815	
TITLE	D ULATOWSKI, BARBARA	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	114 TODD ST		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33815		CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Glass 11/4/04 (863) 687-3600
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #