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95 JUL -3 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000004780 (3)**  
1. Corporation Name  
**MEADOWBROOK PARK OWNERS' ASSOCIATION, INC.**

Principal Place of Business <b>410 LEE BOULEVARD LEHIGH FL 33936 US</b>	Mailing Address <b>POST OFFICE BOX 546 LEHIGH FL 33970 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/18/1993</b>	3a. Date of Last Report <b>06/29/1994</b>
4. FEI Number <b>65-0445485</b>	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suits, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suits, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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9. Name and Address of Current Registered Agent  
**AUGER, CARLA  
410 LEE BOULEVARD  
LEHIGH FL 33936**

10. Name and Address of New Registered Agent  
B1 Name **Gerhard Pelzer**  
B2 Street Address (P.O. Box Number is Not Acceptable)  
**410 Lee Blvd**  
B3  
B4 City **Lehigh** B5 Zip Code **FL 33936**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of registered agent, of 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE **1/24/95**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>PELZER, GERHARD</b>
STREET ADDRESS	<b>410 LEE BOULEVARD</b>
CITY - ST - ZIP	<b>LEHIGH FL</b>
TITLE	<b>V</b>
NAME	<b>DEAN, LEE</b>
STREET ADDRESS	<b>410 LEE BOULEVARD</b>
CITY - ST - ZIP	<b>LEHIGH FL</b>
TITLE	<b>ST</b>
NAME	<b>AUGER, CARLA</b>
STREET ADDRESS	<b>410 LEE BOULEVARD</b>
CITY - ST - ZIP	<b>LEHIGH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>817 Jefferson Ave</b>
1.4 CITY - ST - ZIP	<b>Lehigh, Pa 33936</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>D</b>
2.3 STREET ADDRESS	<b>14121 River Rd</b>
2.4 CITY - ST - ZIP	<b>St. Myers FL 33905</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Secretary</b>
3.3 STREET ADDRESS	<b>Shirk, Kimberly</b>
3.4 CITY - ST - ZIP	<b>410 Lee Blvd 15755 Coral Vno Lane Lehigh, FL 33936 St. Myers, FL 33905</b>
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	<b>8/27/31</b>
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>REMITTED BY MAIL</b>
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 employed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE **1/24/95** 813-368-2211  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR