

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N93000004780 (3)

1. Corporation Name

MEADOWBROOK PARK OWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

410 LEE BOULEVARD  
 LEHIGH ACRES FL 33936  
 US

410 LEE BOULEVARD  
 LEHIGH ACRES FL 33936  
 US

3. Date Incorporated or Qualified  
 10/18/1993

3a. Date of Last Report  
 07/03/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0445485

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PELZER, GERHARD  
 410 LEE BLVD  
 LEHIGH FL 33936

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 of 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/>	DELETE
NAME	PELZER, GERHARD		
STREET ADDRESS	817 JEFFERSON AVE		
CITY-ST-ZIP	LEHIGH FL 33936		
TITLE	VD	<input checked="" type="checkbox"/>	DELETE
NAME	DEAN, LEE		
STREET ADDRESS	14121 RIVER RD		
CITY-ST-ZIP	FT. MYERS FL 33905		
TITLE	SD	<input type="checkbox"/>	DELETE
NAME	SHIRK, KIMBERLY		
STREET ADDRESS	15755 CORAL VINE LANE		
CITY-ST-ZIP	FT. MYERS FL 33905		
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

1.1 TITLE	Director	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Addition
1.2 NAME	Melanie Schmidt				
1.3 STREET ADDRESS	544 Foxcreek Drive				
1.4 CITY-ST-ZIP	Lehigh Acres, FL 33936				
2.1 TITLE	Vice President	<input checked="" type="checkbox"/>	Change	<input type="checkbox"/>	Addition
2.2 NAME	Kimberly Shirk				
2.3 STREET ADDRESS	15755 Coral Vine Lane				
2.4 CITY-ST-ZIP	Fort Myers, FL 33905				
3.1 TITLE	Treasurer	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Addition
3.2 NAME	Gerhard Pelzer				
3.3 STREET ADDRESS	817 Jefferson Ave				
3.4 CITY-ST-ZIP	Lehigh Acres, FL 33936				
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					
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					

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 \*\*\*61.25

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 119.07(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 changed, or on an attachment with an address.

SIGNATURE:

*Gerhard Pelzer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/96  
 Date

941-368-2211  
 Daytime Phone #

CR2E037 (3/96)