## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 13 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

Principal Place of Business

SIGNATURE:

N93000004780 (3)

Mailing Address

## MEADOWBROOK PARK OWNERS' ASSOCIATION, INC.

410 LEE BOUL LEHIGH ACRE US			410 LEE BOULEYARD LEHIGH ACRES FL 33936-4923 US			3. Date Incorporated or Qualified 10/18/1993		e of Last F 05/01/19		
2. Principal F	Place of Business	2a. Mailing Address	<del>-</del>			4. FEI Number 65-0445485	Applied For			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		60.75		
City & State		City & State	— ·		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip <b>24</b>	Country 25	Zip <b>29</b>	30	ountry			Yes 🗔	No	. 199.032,	
	9. Name and Address of C	urrent Registered Agent		Ι.,		10. Name and Address of New Re	gistered A	gent		
				81	Name					
	r, gerhard e blyd			82	Street A	ddress (P.O. Box Number is Not Acceptab	le)			
	I FL 33936			83						
				84	City		FL	<b>85</b> Zip	Code	
office or	registered agent, or both, in the am familiar with, and accept the	State of Florida. Such change vobligations of, Section 617.050	vas authoriz 3. Florida St	ed by tatutes 	the corp	corporation submits this statement for the poration's board of directors. I hereby accep	t the appo	changing i intment as	ts registered registered	
10	Signature, typed or printed name of registe			<del></del>	int signature i	equired when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE CDC AND	DIDECTO	DC IN 12	
12.	PD	RS AND DIRECTORS  DELETE	13	TITLE		ADDITIONS/CHANGES TO OFFIC		Change	Addition	
NAME	PELZER, GERHARD			NAME			'	O.Lingo	المالية	
STREET ADDRESS	A 10 100000000001 1100				ADDRESS				]	
CiTY-ST-ZIP	LEHIGH FL 33936		1	CITY-S	ì					
TOTLE	D	DELETE		TITLE				Change	Addition	
NAME	SCHMIDT, MELANIE		2.2	NAME						
STREET ADDRESS	* * * * * * * * * * * * * * * * * * *		2.3	STREET	ADDRESS					
City-St-ZiP	LEHIGH ACRES FL 3393			4 CITY-S	ST-ZIP			Observe	T Landing	
TITLE	SVD OLHOV MADEDI V	☐ DELETE		TITLE	ļ			Change	Addition	
NAME EDUCET ADDOCCC	SHIRK, KIMBERLY 15755 CORAL VINE LAN	NE .		NAME	ADDRESS					
STREET ADDRESS CITY-ST-ZIP	FT. MYERS FL 33905	16		L CITY-S		;				
TITLE	11.111/21012 00000	DELETE		TITLE				Change	Addition	
NAME			4.2	2 NAME	1					
STREET ADDRESS			4.3	STREET	ADDRESS					
CITY-ST-ZIP				CITY-S	T-ZIP					
TITLE		☐ DELETI	1	TITLE				Change	Addition	
NAME				NAME	<b>I</b>					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE		DELET(		1 CITY-S 1 TITLE	st-ZIP			Change	Addition	
NAME		L. Deter		NAME	İ					
STREET ADDRESS					ADDRESS					
DITTLE I NEVENESS	`I	ſ	0.3							

14. I do 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 or an attachment with an address.