

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 12 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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 LEHIGH ACRES FL 33936
 US

3. Date Incorporated or Qualified
 10/18/1993

4. FEI Number
 65-0445485

Applied For
 Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 101 Joel Blvd
 Suite, Apt. #, etc.
 22 Suite 103
 City & State
 23 Lehigh Acres, FL
 Zip Country
 24 33972 25 US

28 P.O. Box 546
 Suite, Apt. #, etc.
 27
 City & State
 28 Lehigh Acres, FL
 Zip Country
 29 33970 30 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

PELZER, GERHARD
 410 LEE BLVD
 LEHIGH FL 33936

10. Name and Address of New Registered Agent

81 Name
 Gerhard Pelzer

82 Street Address (P.O. Box Number is Not Acceptable)
 817 Jefferson Avenue

83

84 City
 Lehigh Acres FL 85 Zip Code
 33972

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: *Gerhard Pelzer* DATE: 7/13/98

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PELZER, GERHARD	
STREET ADDRESS	817 JEFFERSON AVE	
CITY-ST-ZIP	LEHIGH FL 33936	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHMIDT, MELANIE	
STREET ADDRESS	544 FOXCREEK DRIVE	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	SVD	<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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TAMMY SINDT
4.3 STREET ADDRESS	3309 18th St SW
4.4 CITY-ST-ZIP	Lehigh, FL 33971
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	

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.

SIGNATURE: *Kimberly Shirk* DATE: 7/13/98 DAYTIME PHONE #: 941-368-2211

Signature, typed or printed name of signing officer or director

CR2E037 (5/98)