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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000004780

1. Corporation Name

MEADOWBROOK PARK OWNERS' ASSOCIATION, INC.

Principal Place of Business

201 JOEL BLVD
 SUITE 103
 LEHIGH ACRES FL 33972
 US

Mailing Address

P.O. BOX 546
 LEHIGH ACRES FL 33970
 US



2. Principal Place of Business

21 950 N. Collier Blvd.

2a. Mailing Address

26 950 N. Collier Blvd.

3. Date Incorporated or Qualified

10/18/1993

Suite, Apt. #, etc.

22 Suite 301

Suite, Apt. #, etc.

27 Suite 301

4. FEI Number

65-0445485

Applied For

Not Applicable

City & State

23 Marco Island, FL

City & State

28 Marco Island, FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

24 34145

Country

25 U.S.

Zip

29 34145

Country

30 U.S.

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PELZER, GERHARD
 817 JEFFERSON AVE
 LEHIGH FL 33972

10. Name and Address of New Registered Agent

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
 NAME PELZER, GERHARD
 STREET ADDRESS 817 JEFFERSON AVE
 CITY-ST-ZIP LEHIGH FL 33936

TITLE D DELETE
 NAME SINDT, TAMMY
 STREET ADDRESS 3209 12TH STREET SW
 CITY-ST-ZIP LEHIGH ACRES FL 33971

TITLE SVD DELETE
 NAME SHIRK, KIMBERLY
 STREET ADDRESS 15755 CORAL VINE LANE
 CITY-ST-ZIP FT. MYERS FL 33905

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: *Kimberly Shirk* 3/9/99 941-642-2288
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)