

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000003472 (6)

1. Corporation Name

MEADOW LANDS HOMEOWNERS ORGANIZATION, INC.



Principal Place of Business

P O BOX 424  
ANTHONY FL 32617-0524

Mailing Address

P O BOX 424  
ANTHONY FL 32617-0524

3. Date Incorporated or Qualified

07/24/1995

3a. Date of Last Report

2. Principal Place of Business

21 P.O. Box 1453

Suite, Apt. #, etc.

22

City & State

23

Zip

24 32617-1453

Country

25

2a. Mailing Address

26 P.O. Box 1453

Suite, Apt. #, etc.

27

City & State

28

Zip

29 32617-1453

Country

30

4. FEI Number

59-3340990

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

KENDZIORA, LORELEI V  
11750 NE 14TH AVE  
ANTHONY FL 32617

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 D ☐ DELETE

NAME KENDZIORA, LORELEI V  
STREET ADDRESS 11750 NE 14TH AVE  
CITY-ST-ZIP ANTHONY FL 32617

TITLE D ☒ DELETE

NAME WRIGHT, DEAN  
STREET ADDRESS 880 NE 120TH ST  
CITY-ST-ZIP Ocala FL 34479

TITLE D ☒ DELETE

NAME CHIOTA, THOMAS A  
STREET ADDRESS P O BOX 4709 N/A  
CITY-ST-ZIP Ocala FL 34478

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 D, T ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

32617-9876

2.1 TITLE D, P ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Constantino, Vittorio  
P.O. Box 524 N/A  
Anthony, FL 32617-0524

3.1 TITLE D, VP ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Harris, Ronald  
11650 N. Magnolia Ave.  
Ocala, FL 34475-1009

4.1 TITLE D, S ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Mertins, Janelle  
714 N.W. 114th St.  
Ocala, FL 34475-1026

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Henning, Wm. Clark  
12049 N.E. 8th Ct.  
Ocala, FL 34479-1046

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

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 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:

*Lorelei V. Kendziora*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96 352-732-5601

Date

Daytime Phone #

CR2E037 (12/95)