

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 31 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000003472 (6)
 1. Corporation Name
MEADOW LANDS HOMEOWNERS ORGANIZATION, INC.



Principal Place of Business P.O. BOX 1453 ANTHONY FL 2617-453 US	Mailing Address P.O. BOX 1453 ANTHONY FL 2617-453 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/24/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3340990	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 32617-1453	Country 25
Zip 29 32617-1453	Country 30

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) 11760 N.E. 14th Avenue
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DT <input type="checkbox"/> DELETE
NAME	KENDZIORA, LORELEI V
STREET ADDRESS	11750 NE 14TH AVE
CITY-ST-ZIP	ANTHONY FL 32617-9576
TITLE	DP <input type="checkbox"/> DELETE
NAME	CONSTANTINO, VITTORIO
STREET ADDRESS	P.O. BOX 524 N/A
CITY-ST-ZIP	ANTHONY FL 32617-0524
TITLE	DVP <input type="checkbox"/> DELETE
NAME	HARRIS, RONALD
STREET ADDRESS	11850 N. MAGNOLIA AVE.
CITY-ST-ZIP	OCALA FL 34475-1009
TITLE	DS <input checked="" type="checkbox"/> DELETE
NAME	MERTINS, JANELLE
STREET ADDRESS	714 N.W. 114TH ST.
CITY-ST-ZIP	OCALA FL 34475-1028
TITLE	D <input type="checkbox"/> DELETE
NAME	HENNING, WM. CLARK
STREET ADDRESS	12049 NE 8TH CT.
CITY-ST-ZIP	OCALA FL 34479-1046
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	11760 N.E. 14th Avenue
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	DS <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MOHR MOHR, JOE
4.3 STREET ADDRESS	801 N.E. 117th STREET
4.4 CITY-ST-ZIP	OCALA, FL 34479
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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	FORD, LAUREN
6.3 STREET ADDRESS	12009 N.E. 8th Court
6.4 CITY-ST-ZIP	OCALA, FL 34479

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 on an attachment with an address.

SIGNATURE _____ SIGNATURE REQUIRED _____

CR2E037 (4/97)