

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N97000006219

1. Corporation Name

MEADOWBROOK OF BONITA SPRINGS HOMEOWNERS ASSOCIATION, INC.

421805 1 8 5 90257 35

Principal Place of Business

9200 BONITA BEACH ROAD, SUITE 204
BONITA SPRINGS FL 34135

Mailing Address

9200 BONITA BEACH ROAD, SUITE 204
BONITA SPRINGS FL 34135



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 90 WBLG
27 Suite, Apt. #, etc. 27800 Old 41 Road

28 City & State Bonita Springs, FL

29 Zip 34135 30 Country

3. Date Incorporated or Qualified

11/03/1997

4. FEI Number

-APPLIED FOR 59-3524391

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

9. Name and Address of Current Registered Agent

SPEAR, JOHN D
9200 BONITA BEACH ROAD, SUITE 204
BONITA SPRINGS FL 34135

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.

(NO E. Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP DELETE
NAME MALPELI, JOHN C JR
STREET ADDRESS 105 GREENFIELD CT.
CITY-ST-ZIP NAPLES FL 34110

TITLE DT DELETE
NAME MALPELI, LYNNE
STREET ADDRESS 105 GREENFIELD CT.
CITY-ST-ZIP NAPLES FL 34110

TITLE DS DELETE
NAME SPEAR, JOHN D
STREET ADDRESS 9200 BONITA BEACH ROAD, SUITE 204
CITY-ST-ZIP BONITA SPRINGS FL 34135

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:

John D. Spear **RESERVED**
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99

Date

941-947-1102

Daytime Phone #

0064948

CR2E037 (11/98)