

# 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 # 722380 (3)**  
1. Corporation Name  
**MEADOWLEA IMPROVEMENT ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**#2 LEISURE DR.S.  
DEBARY FL 32713-9741**

3. Date Incorporated or Qualified **01/03/1972** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **59-1424875** 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

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

## 9. Name and Address of Current Registered Agent

**COSGRAVE, NANCY  
162 CYPRESS DR  
DEBARY FL 32713**

## 10. Name and Address of New Registered Agent

81 Name **BETH BARROW**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**161 CYPRESS**  
83  
84 City **DEBARY** FL 85 Zip Code **32713**

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 *Beth Barrow*

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	VP	<input checked="" type="checkbox"/> DELETE
NAME	WACZKOWSKI, JO	
STREET ADDRESS	142 PALM DRIVE	
CITY-ST-ZIP	DEBARY FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	COSGRAVE, NANCE	
STREET ADDRESS	162 CYPRESS DR	
CITY-ST-ZIP	DEBARY, FL 00000	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HERCEG, BARBARA	
STREET ADDRESS	162 OAK TREE DRIVE	
CITY-ST-ZIP	DEBARY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WOLKIND, BENJAMIN	
STREET ADDRESS	1500 ANCHOR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, SANFORD	
STREET ADDRESS	4812 ROOSEVELT ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GLUSMAN, FRANK	
STREET ADDRESS	407 ALAMADA DR.	
CITY-ST-ZIP	HALLANDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BETH BARROW	
1.3 STREET ADDRESS	161 CYPRESS	
1.4 CITY-ST-ZIP	DEBARY FL 32713	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VICE PRESIDENT	
2.3 STREET ADDRESS	CAROLE PEARSON	
2.4 CITY-ST-ZIP	120 OAK TREE DR	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SECRETARY	
3.3 STREET ADDRESS	BARBARA GRAHAM	
3.4 CITY-ST-ZIP	169 MAPLE DR	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TREASURER	
4.3 STREET ADDRESS	MARILYN CHAPIN	
4.4 CITY-ST-ZIP	103 PINE TREE DR	
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 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: *Beth Barrow*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
BETH BARROW

2/24/96  
Date

407-6646-9424  
Daytime Phone #

CR2E037 (12/95)