

FILE NOW: FILING FEE IS \$61.25

FILED

May 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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#2 LEISURE DR.S.
DEBARY FL 32713-97413. Date Incorporated or Qualified
01/03/19723a. Date of Last Report
03/25/19964. FEI Number
59-1424875Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. 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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COSGRAVE, NANCY
162 CYPRESS DR
DEBARY FL 32713

81 Name Robert Shorten

82 Street Address (P.O. Box Number is Not Acceptable)
146 Oak Tree Drive

83

84 City Debary FL 85 Zip Code 32713

11. Pursuant to the provisions of Sections 617.0602 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)

5/19/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME BARROW, BETH
STREET ADDRESS 161 CYPRESS
CITY-ST-ZIP DEBARY FL 327131.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME Robert Shorten
1.3 STREET ADDRESS 146 Oak Tree Drive
1.4 CITY-ST-ZIP Debary, FL 32713TITLE VPD ☐ DELETE
NAME PEARSON, CAROLE
STREET ADDRESS 129 OAK TREE DR
CITY-ST-ZIP DEBARY FL 327132.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE DS ☒ DELETE
NAME GRAHAM, BARBARA
STREET ADDRESS 169 MAPLE DR
CITY-ST-ZIP DEBARY FL 327133.1 TITLE DS ☒ Change ☐ Addition
3.2 NAME Shirley S. Blumin
3.3 STREET ADDRESS 118 Palm Drive
3.4 CITY-ST-ZIP Debary, FL 32713TITLE T ☒ DELETE
NAME CHAPIN, MRILYN
STREET ADDRESS 102 PINE TREE DR
CITY-ST-ZIP DEBARY FL 327134.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 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 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: *Shirley S. Blumin* REQUIRED Shirley S. Blumin 4/20/97 (407) 668-4419
Signature, typed or printed name of signing officer or director Date Daytime Phone # 0013101

CR2E037 (9/96)