


FILED

Mar 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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  
#2 LEISURE DR.S.  
DEBARY FL 32713-9741

Mailing Address  
#2 LEISURE DR.S.  
DEBARY FL 32713-9741

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
01/03/1972

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

7. Is this nonprofit corporation a homeowners association?  
Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
Yes No

9. Name and Address of Current Registered Agent  
SHORTEN, ROBERT  
146 OAK TREE DRIVE  
DEBARY FL 32718

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]  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE: 3/2/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	DELETE
NAME	SHORTEN, ROBERT	
STREET ADDRESS	146 OAK TREE DR	
CITY-ST-ZIP	DEBARY FL	
TITLE	VPD	DELETE
NAME	PEARSON, CAROLE	
STREET ADDRESS	129 OAK TREE DR	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	DS	DELETE
NAME	BLUMIN, SHIRLEY S	
STREET ADDRESS	118 PALM DRIVE	
CITY-ST-ZIP	DEBARY FL	
TITLE	TD	DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VPD	Change
2.2 NAME	Chamberlain, JAMES	
2.3 STREET ADDRESS	150 Cypress	
2.4 CITY-ST-ZIP	DEBARY, FL 32713	
3.1 TITLE	DS	Change
3.2 NAME	Patricia Schrage	
3.3 STREET ADDRESS	134 OAK TREE DR.	
3.4 CITY-ST-ZIP	DEBARY, FL 32713	
4.1 TITLE	TD	Change
4.2 NAME	Carole J Pearson	
4.3 STREET ADDRESS	129 Oak Tree Dr	
4.4 CITY-ST-ZIP	DEBARY, FL 32713	
5.1 TITLE		Change
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		Change
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.

SIGNATURE: [Signature] 2/2/98 407-668-2140

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR