


FILE NOW: FILING FEE IS \$61.25

FILED

Jul 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **754282** (2)  
1. Corporation Name  
**MEADOWVIEW ESTATES LOT OWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>4326</b> <b>4326 DAVID CRUM LANE</b> <b>LAKELAND FL 33813-8907</b>	Mailing Address <b>4326</b> <b>4326 DAVID CRUM LANE</b> <b>LAKELAND FL 33813-1907</b>
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2. Principal Place of Business 21 <b>4326 David Crum Ln.</b> Suite, Apt. #, etc. 22 _____ City & State 23 <b>Lakeland, FL</b> Zip 24 <b>33813</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>4326 David Crum Ln.</b> Suite, Apt. #, etc. 27 _____ City & State 28 <b>Lakeland, FL</b> Zip 29 <b>33813</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>09/23/1980</b>	3a. Date of Last Report <b>05/01/1996</b>
		4. FEI Number <b>59-2477669</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent  <b>BYWATER, JOSEPH G.</b> <b>1828 S. FLORIDA AVENUE</b> <b>LAKELAND FL</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 _____ 84 City <b>FL</b> 85 Zip Code	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DONNELLY, KATHY</b>	1.2 NAME	<b>Pres. JoAnne Hunter</b>
STREET ADDRESS	<b>4341 DAVIDCRUM LANE</b>	1.3 STREET ADDRESS	<b>4326 David Crum Ln.</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>	1.4 CITY-ST-ZIP	<b>Lakeland, FL 33813</b>
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRUESTLE, RANDALL</b>	2.2 NAME	<b>Tres. Michele Hughes</b>
STREET ADDRESS	<b>4320 DAVID CRUM LANE</b>	2.3 STREET ADDRESS	<b>4312 David Crum Ln.</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>	2.4 CITY-ST-ZIP	<b>Lakeland FL 33813</b>
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONNOLLY, KAY</b>	3.2 NAME	
STREET ADDRESS	<b>4330 DAVID CRUM LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 \_\_\_\_\_ 13 July '97

CR2E037 (9/96)