


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

| NONPROFIT CORPORATION<br>ANNUAL REPORT<br>1998   |  | <br>FLORIDA DEPARTMENT OF STATE<br>Sandra B. Morham<br>Secretary of State<br>DIVISION OF CORPORATIONS   |  |
|--|--|--|--|
| DOCUMENT # 754282<br>1. Corporation Name<br>Meadowview Estates Lot<br>Owners Association, Inc.   |  |  |  |
| Principal Place of Business<br>4312 <del>4326</del> David Crum Ln.<br>Lakeland, FL 33813-1907  |  | Mailing Address<br>4312 <del>4326</del> David Crum Ln.<br>Lakeland, FL 33813-1907  |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country  |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country   |  |
| 9. Name and Address of Current Registered Agent<br>Joseph G. Bywater<br>2000 Edgewood Dr. E.<br>Lakeland, FL 33802<br>(941) 686-5109   |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>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<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE   |  |  |  |
| 12. OFFICERS AND DIRECTORS<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>1.5 TITLE<br>1.6 NAME<br>1.7 STREET ADDRESS<br>1.8 CITY-ST-ZIP<br>1.9 TITLE<br>1.10 NAME<br>1.11 STREET ADDRESS<br>1.12 CITY-ST-ZIP  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>2.5 TITLE<br>2.6 NAME<br>2.7 STREET ADDRESS<br>2.8 CITY-ST-ZIP<br>2.9 TITLE<br>2.10 NAME<br>2.11 STREET ADDRESS<br>2.12 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. |  | 15. 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. |  |

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E037 (5/98)

SIGNATURE:

Michele R. Hughes

Date

Daytime Phone #

21 Sept. '98 (941) 644-2820