

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -8 AM 9:42

**DOCUMENT # 754842 (3)**  
1. Corporation Name  
**MEADOW KNOLL TOWNHOMES HOMEOWNERS ASSOCIATION, I  
NC.**

Principal Place of Business Mailing Address  
**1330 N W 13TH STREET UNIT #22 BOCA RATON FL 33486**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/27/1980** 3a. Date of Last Report **03/29/1994**  
4. FEI Number **59-2178158** 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
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 Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**BEARD, PATRICIA  
1330 N.W. 13TH STREET #21  
BOCA RATON FL 33486**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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 **PD**  
NAME **BEARD, PATRICIA**  
STREET ADDRESS **1330 N.W. 13TH ST. #21**  
CITY-ST-ZIP **BOCA RATON, FL 00000**  
TITLE **D**  
NAME **PEREZ, JESUS**  
STREET ADDRESS **1330 NW 13TH STREET, #19**  
CITY-ST-ZIP **BOCA RATON, FL 00000**  
TITLE **VD**  
NAME **DIFFMER, DEBORAH**  
STREET ADDRESS **1330 NW 13TH ST**  
CITY-ST-ZIP **BOCA RATON FL**  
TITLE **SD**  
NAME **PILLING, CINDY**  
STREET ADDRESS **1330 NW 13TH ST**  
CITY-ST-ZIP **BOCA RATON FL**  
TITLE **TD**  
NAME **SCHWARTZ, JOHN**  
STREET ADDRESS **1330 NW 13TH ST**  
CITY-ST-ZIP **BOCA RATON FL**  
TITLE **TD**  
NAME **MACGREGOR, NANCY**  
STREET ADDRESS **1330 NW 13TH ST., #14**  
CITY-ST-ZIP **BOCA RATON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE **VPO**  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE **PD**  Change  Addition  
3.2 NAME **PETER HEDDEN**  
3.3 STREET ADDRESS **1330 N.W. 13 ST. #18**  
3.4 CITY-ST-ZIP **BOCA RATON, FL 33486**  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 officer with an address.

SIGNATURE: *John Schwartz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/95 407-395-9168  
DATE DAYTIME PHONE #