FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 754842

(3)

MEADOW KNOLL TOWNHOMES HOMEOWNERS ASSOCIATION, I NC.

Principal Place of Business

1330 N W 13TH STREET UNIT #22

BOCA RATON FL 33486

Mailing Address

1330 N W 13TH STREET UNIT #22 BOCA RATON FL 33486



										3. Date Incorporated or Qualified 10/27/1980		e of Last 2/08/19		
Principal Place of Business				2a	. Mailing Address				4. FEI Number			pplied For		
21	<u> </u>				26					59-2178158			lot Applicable	
22	Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State					City & State					6. Election Campaign Financing \$5.00 May Be				
23									Trust Fund Contribution	Added to Fees				
	7 ip	Country Zip Co				ountry			8. This corporation has liability for intangible tax under s. 199.032,					
24	, <u> </u>						30			Florida Statutes 🔲 Yes 🔼 No				
9. Name and Address of Current Registered Agent									10, Name and Address of New Registered Agent					
							81	Name	Name					
BEARD, PATRICIA							82 Street Address (P.O. Box Number is Not Acceptable)							
1330 N.W. 13TH STREET #21							otice radius (101 por range is Not recopiately)							
BOCA RATON FL 33486							83							
								Cit. :						
							84	City			FL	85 Ziç	Code	
	. Pursuant to or registere familiar with	o the provision and agent, or h, and accep	ons of Sections 617.0502 both, in the State of Florid of the obligations of, Sect	and 61 da. Suci ion 617.	7.1508, Florida Statute h change was authorize .0503, Florida Statules.	s, the ab d by the	corpo	amed cor oration's t	rporatio board o	on submits this statement for the purp of directors. I hereby accept the appoi	ose of chaintment as	nging its re registered	egistered office agent. I am	
		Signature, typed	or printed name of registered agent	_				signature re	equired wh	en reinstating)	DATE			
12		UDD	OFFICERS AN	D DIREC		13				ADDITIONS/CHANGES TO OFFIC		_		
TILL		VPD	DATOIOU		DELETE	•	TITLE					Change	Addition	
NA	ME .		PATRICIA			1.2	NAME							
STA	REEL ADDRESS	1330 N.W. 13TH ST. #21					1.3 STREET ADDRESS							
	Y - \$T - ZIP			CITY-ST	- ZIP									
Ш	.F	D		DELETE	2.1 TITLE		-				Change	Addition		
NA	ME .	PEREZ,				2.2	NAME	1						
STF	REET ADDRESS 1330 NW 13TH STREET, #19				2.3 \$		2.3 STREET ADDRESS							
CHT	Y - ST - ZIP		ATON, FL 00000			2.4	CITY-S	T-ZIP						
TH	.E	PD	-		DELETE	31	TITLE		PD			Change	Addition	
NA	ME	HEDDEN	i, pe ter		•	32	NAME		LIN	DA CHIPPAS				
STE	EET ADDRESS	1 330 NV	V-13 ST #18			3.3	STREET	ADDRESS	13	DA CHIPPAS 30 N.W. 13 ST. #	01			
Cit	Y-ST-ZIP	BQCA-R	ATON FL"			3.4.	CITY-S	T-ZIP	Bo	ca Ration, FL 33	186			
Titt	E	SD			DELETE	41	TITLE					Change	Addition	
NAI	ME	PILLING	, CINDY			4.2	NAME							
ST	REE1 ADDRESS		V 13TH ST			4.3	STREET.	ADDRESS						
CIT	Y-S1-ZIP	BOCA R	ATON FL			44	CITY-S1	r-ZIP ·						
TIT		TD			DELETE		TITLE				ſ	Change	Addition	
NAI	ME	SCHWA	rtz, John			5.2	NAME				_	-		
STE	EET ADDRESS		V 13TH ST			5.3	STREET	ADDRESS						
	Y-ST-ZIP	BOCA R	ATON FL				CITY-S1							
TU		TD			DELETE		TITLE	*"			٦	Change	Addition	
NAI		MACGRI	EGOR, NANCY				NAME				•			
	REET ADDRESS		V 13TH ST.,#14					address						
			ATON FL											
	Y-ST-ZIP			with this	s filing is voluntarily furni		CITY-SI d does		lify for t	he exemption stated in Section 119.0	7/3Yk\ Flo	ida Statut	ae I furthar	

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 t changed, or on an attachment with an address.

SIGNATURE:

LATURE AND TYPED OR PRINTED HAME OF SOMING OFFICER ON DIRECTOR

/42/96 407-391-6911