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FILED
May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 754842 (3)
 1. Corporation Name
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
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3. Date Incorporated or Qualified 10/27/1980
4. FEI Number 59-2178158
Applied For Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 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 TD	<input type="checkbox"/> DELETE	1.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BEARD, PATRICIA		1.2 NAME GROVER, WILLIAM	
STREET ADDRESS 1330 N.W. 13TH ST. #21		1.3 STREET ADDRESS 1330 NW 13TH STREET #4	
CITY-ST-ZIP BOCA RATON, FL 00000		1.4 CITY-ST-ZIP BOCA RATON, FL 33486	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PEREZ, JESUS		2.2 NAME	
STREET ADDRESS 1330 NW 13TH STREET, #19		2.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON, FL 00000		2.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHIPPAS, LINDA		3.2 NAME	
STREET ADDRESS 1330 NW 13TH ST., #07		3.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		3.4 CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PILLING, CINDY		4.2 NAME	
STREET ADDRESS 1330 NW 13TH ST		4.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHWARTZ, JOHN		5.2 NAME	
STREET ADDRESS 1330 NW 13TH ST		5.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROWN, TOM		6.2 NAME BROWN, TOM	
STREET ADDRESS 1330 NW 13TH ST		6.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		6.4 CITY-ST-ZIP	

CPRE037 (10/97)

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: *Patricia E. Beard* **PATRICIA E. BEARD, TREASURER** 4/26/98 561-391-6911