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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
CORPORATIONS
95 JUN -2 PM 2:18

DOCUMENT # **755426** **(4)**

1. Corporation Name

MEADOWLARK COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% MIND YOUR MANORS, INC. 8192 COLLEGE PARKWAY FORT MYERS FL 33919 US	% MIND YOUR MANORS, INC. 8192 COLLEGE PARKWAY FORT MYERS FL 33919 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2121703 — ☐ 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 c/o Mind Your Manors, Inc	26 c/o Mind Your Manors, Inc
Suite, Apt. #, etc. 22 1200 Medical Ln	Suite, Apt. #, etc. 27 1200 Medical Ln.
City & State 23 Fort Myers FL	City & State 28 Fort Myers FL
Zip / Country 24 33907 / 25	Zip / Country 29 33907 / 30

9. Name and Address of Current Registered Agent

FISHER, BRUCE A.
% MIND YOUR MANORS, INC.
8192 COLLEGE PARKWAY
FORT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name: Paul L Sapp
82 Street Address (P.O. Box Number is Not Acceptable): c/o Mind Your Manors, Inc
83: 1200 Medical Ln.
84 City: Fort Myers FL — FL — 85 Zip Code: 33907

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: Paul L Sapp — DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	11 TITLE	Sec.D	☐ Change ☐ Addition
NAME	HARPER J. J.	12 NAME	Wheeler, Claire M.	
STREET ADDRESS	11802 QUAIL RUN DRIVE	13 STREET ADDRESS	11812 Quail Run Dr.	
CITY ST ZIP	FT. MYERS FL	14 CITY ST ZIP	Fort Myers FL	
TITLE	AAAA	21 TITLE	Treas	☐ Change ☐ Addition
NAME	AAAA	22 NAME	Romponi, Gloria	
STREET ADDRESS	10801 MEADOWLARK COVE DR	23 STREET ADDRESS	10917 Meadowlark Cove Dr	
CITY ST ZIP	FORT MYERS FL	24 CITY ST ZIP	Fort Myers FL 33908	
TITLE	D	31 TITLE	D	☐ Change ☐ Addition
NAME	ROGONESE, ANTHONY	32 NAME	Rogonese, Linda	
STREET ADDRESS	10943 MEADOWLARK COVE DRIVE	33 STREET ADDRESS	10943 Meadowlark Cove Dr	
CITY ST ZIP	FT. MYERS FL	34 CITY ST ZIP	Fort Myers FL 33908	
TITLE	DVP	41 TITLE	V P D	☐ Change ☐ Addition
NAME	SQUILLACE, BARBARA	42 NAME	Squillace Barbara	
STREET ADDRESS	11932 QUAIL RUN DRIVE	43 STREET ADDRESS	11932 Quail Run Dr	
CITY ST ZIP	FT. MYERS FL	44 CITY ST ZIP	Fort Myers FL 33908	
TITLE	PD	51 TITLE	P D	☐ Change ☐ Addition
NAME	CAMILLERI, JOSEPH	52 NAME	Megara Harry	
STREET ADDRESS	53383 NORTHROP AVENUE	53 STREET ADDRESS	11922 Quail Run Dr.	
CITY ST ZIP	SHELBY TOWNSHIP MI	54 CITY ST ZIP	Fort Myers FL. 33908	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 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: Harry C. Megara — HARRY C. MEGARA — 5-30-95 — 941-482-5837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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