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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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

1. Corporation Name

MEADOWLARK COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 08062 FT MYERS FL 33908 US	PO BOX 08062 FT MYERS FL 33908-0001 US

3. Date Incorporated or Qualified: 12/08/1980
3a. Date of Last Report: 04/26/1996

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WHEELER, CLAIRE M
11812 QUAIL RUN DR.
FT. MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name: Harry C. Megara
82 Street Address (P.O. Box Number is Not Acceptable): 11922 Quail Run Dr.
83
84 City: Fort Myers **FL** 85 Zip Code: 33908

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: [signature] HARRY C. MEGARA 1-29-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	WHEELER, CLAIRE M		1.2 NAME	Harry C. Megara	
STREET ADDRESS	11812 QUAIL RUN DR		1.3 STREET ADDRESS	11922 Quail Run Dr.	
CITY-ST-ZIP	FT. MYERS FL 33908		1.4 CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE	SD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	RAMPONE, GLORIA		2.2 NAME	Gloria Rampone	
STREET ADDRESS	10917 MEADOWLARK COVE DR		2.3 STREET ADDRESS	10917 Meadowlark Cove Dr,	
CITY-ST-ZIP	FORT MYERS FL 33908		2.4 CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE	VD	☒ DELETE	3.1 TITLE	VD	☐ Change ☒ Addition
NAME	BOVITZ, DAVID		3.2 NAME	Jean Sprague	
STREET ADDRESS	11822 QUAIL RUN DR.		3.3 STREET ADDRESS	10831 Meadowlark Cove Dr.	
CITY-ST-ZIP	FT. MYERS FL 33908		3.4 CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE	VD	☐ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	RAMPONE, HENRY		4.2 NAME	Henry Rampone	
STREET ADDRESS	11882 QUAIL RUN DR.		4.3 STREET ADDRESS	11882 Quail Run Dr.	
CITY-ST-ZIP	FT. MYERS FL 33908		4.4 CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE	TD	☒ DELETE	5.1 TITLE	SD	☐ Change ☒ Addition
NAME	LUKASIK, JOCELYN		5.2 NAME	Lillian Howell	
STREET ADDRESS	11840 QUAIL RUN DR.		5.3 STREET ADDRESS	10801 Meadowlark Cove Dr	
CITY-ST-ZIP	FT. MYERS FL 33908		5.4 CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: [signature] Harry C. Megara 1-29-97 941-482-5737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0066240