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 JAN 24 AM 9:19

DOCUMENT # 758153 (1)

1. Corporation Name

CONDOMINIUM OWNERS ASSOCIATION OF MEADOWCROFT SOUTH, INC.

Principal Place of Business	Mailing Address
P.O. BOX 10674 BRADENTON FL 34282	P.O. BOX 10674 BRADENTON FL 34282

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/26/1981
3a. Date of Last Report: 07/19/1994
4. FEI Number: 59-2150093 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C&S CONDO MGMNT. SERV. INC. ~~4704 29TH AVE W~~ BRADENTON FL 34282	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 4301 32nd ST. W. SUITE E-14 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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] 1/16/95
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	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	KATZMAN, HERBERT	1.2 NAME	
STREET ADDRESS	6218 29TH AVE. W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34209	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	VANKUIKEN, DOROTHY	2.2 NAME	
STREET ADDRESS	6119 HERITAGE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34209	2.4 CITY-ST-ZIP	
TITLE	DST	3.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSTON, JEANNE	3.2 NAME	
STREET ADDRESS	6214 29TH AVE. W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34209	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BENNETT, AL	4.2 NAME	
STREET ADDRESS	6344 29TH AVE. W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34209	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	WILHELM, DONNA	5.2 NAME	
STREET ADDRESS	6307 HERITAGE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34209	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: Jeanne Johnston 01/12/95 813/758-9454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JEANNE JOHNSTON

0004500