


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90049 018 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 758153</b>					
1. Corporation Name <b>CONDOMINIUM OWNERS ASSOCIATION OF MEADOWCROFT SOUTH, INC.</b>					
Principal Place of Business P.O. BOX 10674 BRADENTON FL 34282			Mailing Address P.O. BOX 10674 BRADENTON FL 34282		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/26/1981</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2150093</b>	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>C&amp;S CONDO MGMNT. SERV. INC.</b> <b>4301 32ND ST. W. SUITE E-14</b> <b>STE C7</b> <b>BRADENTON FL 34282</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 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	DVP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DORN, DOROTHY</b>			1.2 NAME			
STREET ADDRESS	<b>6411 HERITAGE LN</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>			1.4 CITY-ST-ZIP			
TITLE	DST	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>JOHNSTON, JEANNE</b>			2.2 NAME			
STREET ADDRESS	<b>6214 29TH AVE. W.</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BENNETT, Wendell</b>			3.2 NAME			
STREET ADDRESS	<b>6344 29TH AVE. W.</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>WILHELM, DONNA</b>			4.2 NAME			
STREET ADDRESS	<b>6307 HERITAGE LANE</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>			4.4 CITY-ST-ZIP			
TITLE	KATZMAN, Herbert M.	<input type="checkbox"/> DELETE		5.1 TITLE	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>6218 29th Ave. W.</b>			5.2 NAME			
STREET ADDRESS	<b>Bradenton, FL 34209</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: Herbert M. Katzman **REQUIRE** Mon 9, 1999 941-793-2612  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037- (11/98)