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 FEB 13 PM 1:31

DOCUMENT # 766742 (1)

1. Corporation Name
MEADOWOOD LOT OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3001 JOHNSTON RD FT PIERCE FL 34951 US	3001 JOHNSTON RD FT PIERCE FL 34951 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/28/1983
3a. Date of Last Report: 04/14/1994
4. FEI Number: 65-0138687 ☐ 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

CORNETT, JANE
WACKEEN, CORNETT & GOOGE
401 E. OSCEOLA ST.
STUART FL 34994

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 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 _____ 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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MORTOLA, ROBERT	1.2 NAME	
STREET ADDRESS	9533 BENT PINE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34951	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	STARR, RALPH	2.2 NAME	
STREET ADDRESS	9517 SHADOW LN.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	GAINES, J W	3.2 NAME	
STREET ADDRESS	9411 POINCIANA CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	COMPTON, ROBERT	4.2 NAME	
STREET ADDRESS	117 QUEEN CHRISTINA CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MAHAFFEY, KEITH	5.2 NAME	
STREET ADDRESS	6757 SW DAFFODIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34951	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, JERRY	6.2 NAME	
STREET ADDRESS	POINCIANA CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34951	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: R.G. MORTOLA-RGMortola-Pr 1/31/95 407.489.6162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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