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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

Apr 23 1996 8:00 am

Secretary of State

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

3. Date Incorporated or Qualified  
01/28/1983

3a. Date of Last Report  
02/13/1995

2. Principal Place of Business

2a. Mailing Address

21 1105 12th St

26 1105 12th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
Vero Beach

27 City & State  
Vero Beach

23 Zip  
32960

Country  
US

28 Zip  
32960

Country  
US

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name  
Merrill, Craig (Elliott Merrill Merrill)  
82 Street Address (P.O. Box Number is Not Acceptable)  
1105 12th St  
83  
84 City  
Vero Beach FL 85 Zip Code  
32960

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, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MORTOLA, ROBERT  
STREET ADDRESS 9533 BENT PINE DR.  
CITY-ST-ZIP FT. PIERCE FL 34951

TITLE VSD  
NAME STARR, RALPH  
STREET ADDRESS 9517 SHADOW LN.  
CITY-ST-ZIP FT. PIERCE FL

TITLE T  
NAME GAINES, J W  
STREET ADDRESS 9411 POINCIANA CT.  
CITY-ST-ZIP FT PIERCE FL

TITLE SD  
NAME COMPTON, ROBERT  
STREET ADDRESS 117 QUEEN CHRISTINA CT  
CITY-ST-ZIP FT. PIERCE FL

TITLE D  
NAME MAHAFFEY, KEITH  
STREET ADDRESS 6757 SW DAFFODIL  
CITY-ST-ZIP FT. PIERCE FL 34951

TITLE D  
NAME SMITH, JERRY  
STREET ADDRESS POINCIANA CT.  
CITY-ST-ZIP FT. PIERCE FL 34951

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)