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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **766742** (1)

1. Corporation Name

MEADOWOOD LOT OWNERS ASSOCIATION, INC.



Principal Place of Business 1105 12TH ST VERO BEACH FL 32960 US	Mailing Address 1105 12TH ST VERO BEACH FL 32960-3718 US
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3. Date Incorporated or Qualified **01/28/1983** 3a. Date of Last Report **04/23/1996**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0138687	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MERRILL, CRAIG (ELLIOTT) 1105 12TH ST 401 E. OSCEOLA ST. VERO BEACH FL 32960	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
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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	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAY, BILL	1.2 NAME	DR. ROBERT MORTOLA
STREET ADDRESS	9410 MEADOWWOOD DRIVE	1.3 STREET ADDRESS	9535 BENT PINE DRIVE
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	FORT PIERCE, FL
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARR, ED	2.2 NAME	MR. LOTHAR ESTEIN
STREET ADDRESS	9401 POINCIANA CT	2.3 STREET ADDRESS	5211 INTERNATIONAL DRIVE
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAINES, J W	3.2 NAME	MR. GLEN RAINS
STREET ADDRESS	9411 POINCIANA CT.	3.3 STREET ADDRESS	9512 BENT PINE DRIVE
CITY-ST-ZIP	FT PIERCE FL	3.4 CITY-ST-ZIP	FORT PIERCE, FL 34951
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REESE, SELMA	4.2 NAME	MR. ROBERT COMPTON
STREET ADDRESS	9423 POINCIANA CT	4.3 STREET ADDRESS	9415 BUNTING LAKE
CITY-ST-ZIP	FT. PIERCE FL	4.4 CITY-ST-ZIP	FORT PIERCE, FL 34951
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITEHEAD, ASA	5.2 NAME	MR. JACK CALLAHAN
STREET ADDRESS	3210 S LAKE CIRCLE, #204	5.3 STREET ADDRESS	9504 BENT PINE DRIVE
CITY-ST-ZIP	FT. PIERCE FL	5.4 CITY-ST-ZIP	FORT PIERCE, FL 34951
TITLE	PD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JERRY	6.2 NAME	
STREET ADDRESS	9414 POINCIANA CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	6.4 CITY-ST-ZIP	

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 REQUIRED

4/10/97

Date Daytime Phone # 0020426

CR2E037 (9/96)