

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

APPROVED
AND
FILED
95 MAR -2 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766743 (9)

1. Corporation Name
MEADOWOOD MASTER ASSOCIATION, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/28/1983 3a. Date of Last Report 04/15/1994
4. FEI Number 65-0138691 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

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

9. Name and Address of Current Registered Agent
CORNETT JANE
401 E OCEOLA 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	ANDREWS, JACK
STREET ADDRESS	4007 #201 MEADOWOOD DR.
CITY-ST-ZIP	FT. PIERCE FL
TITLE	VPD
NAME	SMITH, JERRY
STREET ADDRESS	9414 POINCIANA CT
CITY-ST-ZIP	FT. PIERCE FL
TITLE	T
NAME	CALDWELL, KEY
STREET ADDRESS	9516 SHADOW LANE
CITY-ST-ZIP	FT. PIERCE FL
TITLE	S
NAME	SPALLINA, ED
STREET ADDRESS	2981 BENT PINE DR
CITY-ST-ZIP	FT. PIERCE FL
TITLE	D
NAME	WALKER J.
STREET ADDRESS	9801 WALNUT ST. #5015
CITY-ST-ZIP	DALLAS TX
TITLE	D
NAME	MORTOLA, ROBERT
STREET ADDRESS	9533 BENT PINE DR.
CITY-ST-ZIP	FT. PIERCE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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: Key R. Caldwell 2-20-95 (407) 466 9750
KEY R CALDWELL Date (Print Name)