

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 768297 (4)
1. Corporation Name
MEADOW RIDGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: P.O. BOX 520634, LONGWOOD FL 32752
Mailing Address: P.O. BOX 520634, LONGWOOD FL 32752

3. Date Incorporated or Qualified: 04/26/1983
3a. Date of Last Report: 06/12/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		NOT APPLICABLE	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
					<input type="checkbox"/>	
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country		Country		<input type="checkbox"/>	
24	25	29	30	8.	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				10. Name and Address of New Registered Agent			
RUSSO, J. N 986 WILDFLOWER WAY LONGWOOD FL 32750				81	Name		DAVID L. TAYLOR
				82	Street Address (P.O. Box Number is Not Acceptable)		609 S. WILDFLOWER CT.
				83			
				84	City	LONGWOOD	FL
				85	Zip Code		32750

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 617.0303, Florida Statutes.

SIGNATURE: *David L. Taylor* DAVID L. TAYLOR DATE: 4/20/96

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RUSSO, J. N			1.2 NAME	WILDER, HENDERSON		
STREET ADDRESS	986 WILDFLOWER WAY			1.3 STREET ADDRESS	1115 MEADOW LANE		
CITY-ST-ZIP	LONGWOOD FL			1.4 CITY-ST-ZIP	ORLANDO, FL 32779		
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FULCO, GLORIA			2.2 NAME	BANKS, GAIL L.		
STREET ADDRESS	998 WILDFLOWER WAY			2.3 STREET ADDRESS	653 WILDFLOWER CT. S		
CITY-ST-ZIP	LONGWOOD FL 32750			2.4 CITY-ST-ZIP	LONGWOOD, FL 32750		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JUDGE, MARY JANE			3.2 NAME			
STREET ADDRESS	981 WILDFLOWER WAY			3.3 STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUSSO, NICK			4.2 NAME			
STREET ADDRESS	986 WILDFLOWER WAY			4.3 STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAYLOR, DAVID			5.2 NAME	TAYLOR, DAVID		
STREET ADDRESS	609 S WILDFLOWER CT			5.3 STREET ADDRESS	609 WILDFLOWER CT. S		
CITY-ST-ZIP	LONGWOOD FL			5.4 CITY-ST-ZIP	LONGWOOD, FL 32750		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DYNDUL, MARIA			6.2 NAME	DYNDUL, MARIE		
STREET ADDRESS	978 WILDFLOWER WAY			6.3 STREET ADDRESS	978 WILDFLOWER WAY		
CITY-ST-ZIP	LONGWOOD FL			6.4 CITY-ST-ZIP	LONGWOOD, FL 32750		

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 in an attachment with an address.

SIGNATURE: *David L. Taylor* DAVID L. TAYLOR DATE: 4/20/96 407-331-0400

CR2E037 (12/95)