

FILE NOW: FILING FEE IS \$61.25

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**Apr 20 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sydney B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 04/26/1983	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**TAYLOR, DAVID L
609 S WILDFLOWER CT
LONGWOOD FL 32750**

10. Name and Address of New Registered Agent
81 Name **MARIE DYNOLL**
82 Street Address (P.O. Box Number is Not Acceptable) **978 WILDFLOWER**
83 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 617.0503, Florida Statutes.
SIGNATURE *Marie DYNOLL* DATE **3/24/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECHTOLD, PARKER	1.2 NAME	SECRETARY DIRECTOR
STREET ADDRESS	1215 ROXBORO ROAD	1.3 STREET ADDRESS	BETTY BATES
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	990 WILDFLOWER LANE
TITLE	SD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLS, CYNTHIA	2.2 NAME	TREASURER DIRECTOR
STREET ADDRESS	633 S WILDFLOWER COURT	2.3 STREET ADDRESS	MARY UZZE
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	962 WILDFLOWER LANE
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAZZALORE, DOMINIC S	3.2 NAME	
STREET ADDRESS	2227 SPRINGS LANDING BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, DAVID	4.2 NAME	
STREET ADDRESS	609 S WILDFLOWER CT	4.3 STREET ADDRESS	MARIA DYNOLL
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYNDUL, MARIA	5.2 NAME	PRESIDENT-DIRECTOR
STREET ADDRESS	978 WILDFLOWER WAY	5.3 STREET ADDRESS	978 WILDFLOWER WAY
CITY-ST-ZIP	LONGWOOD FL	5.4 CITY-ST-ZIP	LONGWOOD, FL
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

SECRETARY DIRECTOR Change Addition
 BETTY BATES
 990 WILDFLOWER LANE
 TREASURER DIRECTOR Change Addition
 MARY UZZE
 962 WILDFLOWER LANE
 MARIA DYNOLL
 PRESIDENT-DIRECTOR Change Addition
 978 WILDFLOWER WAY
 LONGWOOD, FL

14. I 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: *Mary C. Uzz* 4-13-98

CR2E037 (10/97)