

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 # 768346 (9)
1. Corporation Name
THE MEADS PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business: **6100 COMMON CIRCLE WEST PALM BEACH FL 33417**
Mailing Address: **152 W. 57TH ST. 60TH FLOOR NEW YORK CITY NY 10019**

3. Date incorporated or Qualified: **05/09/1983**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2447355**
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

2. Principal Place of Business: 21, 22, 23
2a. Mailing Address: 26, 27, 28
24. Zip: 25, 29
Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOSTER, JAMES E ESQ.
20 N. ORANGE AVE.
STE. 600
ORLANDO FL 32801**

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 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

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	PO	<input type="checkbox"/> DELETE
NAME	ROSENBERG, STEPHEN	
STREET ADDRESS	152 W. 57TH ST. 60TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BAGLEY, CONNIE S	
STREET ADDRESS	152 W. 57TH ST., 60TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, ARTHUR J.	
STREET ADDRESS	2300 ECON CIR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	COREY, DEBORAH D	
STREET ADDRESS	FIVE CONCOURSE PKWY. STE. 2350	
CITY-ST-ZIP	ATLANTA GA 30348	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen Rosenberg
Stephen Rosenberg, President

4/30/96

Date:

Daytime Phone #

CR2E037 (12/95)