

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # K48447 (2)

1. Corporation Name  
THE MEADOW AT PARKER LAKES, INC.



Principal Place of Business  
6296 CORPORATE COURT  
STE. A101  
FT. MYERS FL 33919  
US

Mailing Address  
6296 CORPORATE CT  
STE. A101  
FT. MYERS FL 33919  
US

3. Date Incorporated or Qualified 12/01/1988 3a. Date of Last Report 05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 9400 GLADIOLUS DRIVE

26 9400 GLADIOLUS DRIVE

22 SUITE 250

27 SUITE 250

City & State

City & State

23 FT MYERS, FL

28 FT MYERS, FL

Zip

Country

Zip

Country

24 33908

25 USA

29 33908

30 USA

4. FEI Number 59-2930356 Applied For Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MITCHELL, STEPHEN J.  
201 N. FRANKLIN STREET  
SUITE 2100  
TAMPA FL 33602

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

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	D	NAME	PARKER, JACK	DELETED
STREET ADDRESS			2800 SOUTH OCEAN BLVD.	
CITY-ST-ZIP			BOCA RATON FL	
TITLE	PD	NAME	TURKEN, WALTER D.	DELETED
STREET ADDRESS			6296 CORPORATE CT., STE. A101	
CITY-ST-ZIP			FT. MYERS FL	
TITLE	D	NAME	GLICK, ADAM	DELETED
STREET ADDRESS			104-70 QUEENS BLVD	
CITY-ST-ZIP			FOREST HILLS NY	
TITLE	V	NAME	KINZNER, DAVID	DELETED
STREET ADDRESS			6296 CORPORATE CT., STE A101	
CITY-ST-ZIP			FT. MYERS FL	
TITLE	AS	NAME	MITCHELL, STEPHEN J.	DELETED
STREET ADDRESS			201 N. FRANKLIN STREET	
CITY-ST-ZIP			TAMPA FL	
TITLE	AVP	NAME	STELLING, SARA L	DELETED
STREET ADDRESS			6296 CORPORATE CT., STE. A101	
CITY-ST-ZIP			FT. MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID KINZNER 4/24/96 941-481-5090

CR2E034 (12/95)

4-30-96