

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 # N02004 (2)

1. Corporation Name

MEADOWS COUNTRY SQUARE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

120 43RD AVE.
VERO BEACH FL 32968

P.O. BOX 2558
VERO BEACH FL 32961

3. Date Incorporated or Qualified
03/16/1984

3a. Date of Last Report
02/21/1995

2. Principal Place of Business

2a. Mailing Address

21 35 43RD AVENUE

26 35 43RD AVENUE

4. FEI Number
59-2040257

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 VERO BEACH, FL

28 VERO BEACH, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32968

25 INDIAN RIV

29 32968

30 INDIAN RIV

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

SPYTEK, EARL T
120 43RD AVENUE
VERO BEACH FL 32968

81 Name RICHARD L. PRENDERGAST

82 Street Address (P.O. Box Number is Not Acceptable)

35 43RD AVENUE

83

84 City VERO BEACH

FL

85 Zip Code

32968

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

RICHARD L. PRENDERGAST

1-20-96

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SPYTEK, EARL T
STREET ADDRESS 120 43RD AVENUE
CITY-ST-ZIP VERO BEACH FL 32968 ☐ DELETE

11 TITLE DIRECTOR
12 NAME RICHARD L. PRENDERGAST ☐ Change ☒ Addition
13 STREET ADDRESS 35 43RD AVENUE
14 CITY-ST-ZIP VERO BEACH, FL 32968

TITLE SD
NAME FREDERICK, GEORGE R
STREET ADDRESS 120 43RD AVENUE
CITY-ST-ZIP VERO BEACH FL 32968 ☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME GARRIS, CHARLES E
STREET ADDRESS 817 BEACHLAND BLVD.
CITY-ST-ZIP VERO BEACH FL 32963 ☒ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EARL T. SPYTEK

1-15-96 409-569-5603

Date

Daytime Phone #

CR2E037 (12/95)