FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N02004

1. Corporation Name

MEADOWS COUNTRY SQUARE ASSOCIATION, INC.

Principal Place of Busines	1
35-43RD AVE VERO BEACH FL 32968 US	

Mailing Address

35-43RD AVE VERO BEACH FL 32968

FILED Apr 26, 1999 8:00 am § Secretary of State

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2. Principal P	lace of Business	2a. Mailing Address					3. Date incorporated or Qualifed						
21	26					03/16/1984					П.		
Suite, Apt.	e, Apt. #, etc. Suite, Apt. #, etc.						4. FEI Number				Applied For		
22		27					59-2040257				Not Applicable		
	City & State					5. Certificate of Status Desired					8.75 Additional Fee Required		
23 Zip	Country	28 Zip	Zip Cou			6. Electicin Campaign Financing					5.00	Jay Re	
—	25	29	30	,			Trust Fund Contribution		•	Added to	,		
24	9. Name and Address of Curren		130	r					of New Regis	tered Age	nt t		
5. Maine and Address of Current registered Agent										<u></u> -			
Prendergast, Richard L.				82	Street A	Address	(P.O. Box	Number is No	t Acceptable)				
34-43RD AVE				83									
VERO BEA	ACH FL 32968												
				84	City	_				FL 8	Zip C	ode	
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statut	tes, the a	bove	-named c	сэтрога	tion submits	this stateme	nt for the purp	ose of char	iging its	egistered	
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										ATE			
	Signature, typed or printed name of registered agen		E: Registered	Agent	signature re-	The peak pe	en reinstating)	NS/CHANGE	S TO OFFICE		IRECTO	RS IN 12	
12.		D DIRECTORS	1.1 TI	m c				NO/OTIVITOE			Change	Addition	
TITLE	PD	□ DECE IE								ب			
NAME	SPYTEK, EARL T		1.2 N)	
STREET ADDRESS					ADDRESS								
CITY-ST-ZIP	VERO BEACH FL 32968		1.4 C	ITY-ST	-ZIP	<u> </u>					<u> </u>	- Addition	
TITLE	SD	☐ DELETE	2.1 TI	TLE						ט	Change	☐ Addition	
NAME	FREDERICK, GEORGE R		2.2 N	NAME .		1						}	
STREET ADDRESS	120 43RD AVENUE		2.3 S	STREET ADDRESS		l						}	
CITY-ST-ZIP	VERO BEACH FL 32968		2.40	CITY-ST-ZIP		<u> </u>							
TITLE	D	☐ DELETE	3.1 ∏	TITLE							Change	Addition	
NAME	PRENDERGAST, RICHARD L.		3.2 N	3.2 NAME									
STREET ADDRESS	35-43RD AVE		3.3 S	3.3 STREET ADDRESS		1							
CITY-ST-ZIP	VERO BEACH FL		34,0	4, CITY-ST-ZIP									
TITLE		☐ DELETE	4.1 T	ITLE							Change	☐ Addition	
NAME			4.21	IAME									
STREET ADDRESS			435	TREET	ADDRESS							ĺ	
CITY-ST-ZIP			440	ITY-ST	-ZIP	l							
TITLE		☐ DELETE	5.1 T								Change	☐ Addition	
NAME	Ì		5.2 N	AME									
STREET ADDRESS			5.3 S	TREET	ADDRESS							,	
CITY-ST-ZIP			5.4 0	ITY-ST	-ZìP								
TITLE		☐ DELETE	6.1 T	ITLE							Change	☐ Addition	
NAME	[6.2 N	AME									
STREET ADDRESS			6.3 S	TREET	ADDRESS							\	
	· [ITY-ST									
CITY-ST-ZIP	contify that the information supplied wi	A Abia Eliza dosa not avolife fa				L	fion 119 0°	(3)(i) Florida	Statutes I furt	her certify t	hat the in	formation	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0. (3)(i), Florida Statutes. Florida Indicated on this annual report or supplemental annual report is true and each 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 chapter on an attachment with an address, with all other like empowered.

SIGNATURE:

4-20-99