

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 # N10328 (5)

1. Corporation Name

THE MEADOWS IN NEW PORT RICHEY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

6545 MEADOWBROOK LANE
NEW PORT RICHEY FL 34653

Mailing Address

6545 MEADOWBROOK LANE
NEW PORT RICHEY FL 34653



3. Date Incorporated or Qualified
07/19/1985

3a. Date of Last Report
02/24/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-2571769

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

MILLS, LESLIE, A
5005 SHERRY LANE
NEW PORT RICHEY FL 34653

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
STREET ADDRESS MADSEN, RUSSA
CITY-ST-ZIP 6527 MEADOWBROOK
NEW PORT RICHEY FL

TITLE ☒ DELETE

NAME SD
STREET ADDRESS LAGA, DENNIS
CITY-ST-ZIP 5013 SHERRY LN
NEW PORT RICHEY FL

TITLE ☒ DELETE

NAME D
STREET ADDRESS SPENDOLINI, RICHARD
CITY-ST-ZIP 5005 BROOKSIDE
NEW PORT RICHEY FL

TITLE ☐ DELETE

NAME DT
STREET ADDRESS MILLS, LESLIE
CITY-ST-ZIP 5005 SHERRY LN
NEW PORT RICHEY FL

TITLE ☐ DELETE

NAME VD
STREET ADDRESS SCHON, JIM
CITY-ST-ZIP 5103 LARD LANE
NEW PT RICHEY FL

TITLE ☒ DELETE

NAME D
STREET ADDRESS MCCLINTOCK, PAUL
CITY-ST-ZIP 5031 LILLIER
NEW PT RICHEY FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (12/95)