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Feb 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N10830 (0)

1. Corporation Name
MEADOW LAKE MAINTENANCE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
5629 21ST CT (BRANDENTON, FL.) P.O. BOX 504 ONECO FL 34264
5629 21ST CT (BRANDENTON, FL.) P.O. BOX 504 ONECO FL 34264-0504

3. Date Incorporated or Qualified 08/23/1985
3a. Date of Last Report 02/19/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number 65-0079077 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

WORTHINGTON, RUSSELL
5629 21ST CT E
BRADENTON FL 34203

81 Name Ralph Soricelli
82 Street Address (P.O. Box Number is Not Acceptable) 5609 21st St. Ct. E.
83
84 City Bradenton FL 85 Zip Code 34203

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 Ralph Soricelli - Director *Ralph Soricelli* 2/8/97
Signature, Typed or Printed Name of Registered Agent and Title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include PD WORTHINGTON, RUSSELL; VPD SORICELLI, RALPH; ST SORICELLI, ROSE; D MARTIN, MARTI; D DAVINO, RALPH.

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include President Robert Martin, Sr.; Vice-President Michael Stone; Sec./Treasurer Debbie Smith; Director Ralph Soricelli; Director Herb Brown.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED *Ralph Soricelli* 2/8/97 (941) 755-9708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063908

CFR2E037 (9/96)