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Feb 26 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 # N15977 (4)

1. Corporation Name

PARKSIDE VILLAS AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

918 BRADSHAW TER  
ORLANDO FL 32801  
US

P.O. BOX 73  
ORLANDO FL 32802-0073

3. Date Incorporated or Qualified  
07/21/1986

3a. Date of Last Report  
06/26/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-2823051

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEIL BAILEY  
918 BRADSHAW TERRACE  
431-E CENTRAL BLVD. #220  
ORLANDO FL 32808

81 Name

Laura Newman

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

918 Bradshaw Terrace

83

84 City

Orlando

FL

85 Zip Code

32806

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

*Laura Newman*

(NOTE: Registered Agent signature required when reinstating)

1/14/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME TONY RIZZO  
STREET ADDRESS 1963 MAPLE LEAF DRIVE  
CITY-ST-ZIP WINDERMERE FL

1.1 TITLE President-Director  Change  Addition  
1.2 NAME Jane Spitz  
1.3 STREET ADDRESS 931 Park Villa Cr.  
1.4 CITY-ST-ZIP Orlando, FL 32824

TITLE TD  DELETE  
NAME FERRARA, ANTHONY  
STREET ADDRESS 927 MAPLE FOREST DR  
CITY-ST-ZIP ORLANDO FL 32825

2.1 TITLE Vice President-Director  Change  Addition  
2.2 NAME Charles Miers  
2.3 STREET ADDRESS 893 Park Villa Cr.  
2.4 CITY-ST-ZIP Orlando, FL 32824

TITLE SD  DELETE  
NAME SPITZ, JANE  
STREET ADDRESS 931 PARK VILLA CIR  
CITY-ST-ZIP ORLANDO FL 32824

3.1 TITLE Secretary, Treasurer-Director  Change  Addition  
3.2 NAME Sharon Hoff  
3.3 STREET ADDRESS 919 Park Villa Cr.  
3.4 CITY-ST-ZIP Orlando, FL 32824

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
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 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:

*Jane Spitz*  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

1/14/97

(407) 426-8331

Date Daytime Phone # 0016261

CR2E037 (9/96)