

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 31 1998 8:00am  
Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



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**  
918 BRADSHAW TER  
ORLANDO FL 32801  
US

**Mailing Address**  
P.O. BOX 73  
ORLANDO FL 32802

**3. Date Incorporated or Qualified**  
07/21/1986

**4. FEI Number**  
59-2823051

Applied For  
Not Applicable

**2. Principal Place of Business**  
21 1350 ORANGE AVE  
Suite, Apt. #, etc.  
22 SUITE 100  
City & State  
23 WINTER PARK FL

**2a. Mailing Address**  
26 P.O. BOX 1208  
Suite, Apt. #, etc.  
27 = 1350 ORANGE AVE  
City & State  
28 WINTER PARK FL

Zip Country  
24 32789 USA  
25  
Zip Country  
29 32790 USA  
30

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Election Campaign Financing Trust Fund Contribution**  **\$5.00 May Be Added to Fees**

**7. Is this nonprofit corporation a homeowners association?**  
 Yes  No

**8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.**  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

NEWMAN, LAURA  
918 BRADSHAW TERRACE  
ORLANDO FL 32806

81 Name  
ROGER V PHILLIPS

82 Street Address (P.O. Box Number is Not Acceptable)  
1350 ORANGE AVE

83 ORANGE

84 City  
WINTER PARK FL

85 Zip Code  
32789

**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 **ROGER V PHILLIPS** *[Signature]* 1-14-98  
Signature, typed or printed name of registered agent and title if applicable (NOT for Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | PD                  | <input type="checkbox"/> DELETE            |
| NAME           | SPITZ, JANE         |  |
| STREET ADDRESS | 831 PARK VILLA CIR. |  |
| CITY-ST-ZIP    | ORLANDO FL          |  |
| TITLE          | VPD                 | <input checked="" type="checkbox"/> DELETE |
| NAME           | MEIRS, CHARLES      |  |
| STREET ADDRESS | 893 PARK VILLA CIR. |  |
| CITY-ST-ZIP    | ORLANDO FL          |  |
| TITLE          | STD                 | <input type="checkbox"/> DELETE            |
| NAME           | HOOK, SHARON        |  |
| STREET ADDRESS | 919 PARK VILLA CIR. |  |
| CITY-ST-ZIP    | ORLANDO FL          |  |
| TITLE          |                     | <input type="checkbox"/> DELETE            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> DELETE            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> DELETE            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | D KEVIN MURPHY   |
| 2.3 STREET ADDRESS | 853 PARK VILLA CIRCLE  |
| 2.4 CITY-ST-ZIP    | ORLANDO FL 32824   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

**14. I 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, PRES. *[Signature]*

2/6/98 644-4500

CR2E037 (10/97)