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**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90136 007 \*\*\*\*61.25

0015772

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N15977**

1. Corporation Name

**PARKSIDE VILLAS AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

1350 ORANGE AVENUE  
 SUITE 100  
 WINTER PARK FL 32789  
 US

Mailing Address

P.O. BOX 1208  
 WINTER PARK FL 32790  
 US



2. Principal Place of Business

21 10 East Monument Ave

Suite, Apt. #, etc.

22

City & State

23 KISSIMMEE, FL

Zip

24 34741

Country

25 USA

2a. Mailing Address

26 10 East Monument Ave

Suite, Apt. #, etc.

27

City & State

28 Kissimmee, FL

Zip

29 34741

Country

30 USA

3. Date Incorporated or Qualified

07/21/1986

4. FEI Number

59-2823051

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

9. Name and Address of Current Registered Agent

PHILLIPS, ROGER V.  
 1350 ORANGE AVENUE  
 WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

EDWARD QUIRK

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

10 EAST MONUMENT AVE

83

84 City

Kissimmee

FL

85 Zip Code

34741

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

EDWARD E QUIRK EDWARD E QUIRK

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/14/99

DATE

12. OFFICERS AND DIRECTORS

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

TITLE D  DELETE  
 NAME MURPHY, KEVIN  
 STREET ADDRESS 853 PARK VILLA CIRCLE  
 CITY-ST-ZIP ORLANDO FL 32824

TITLE STD  DELETE  
 NAME HOOK, SHARON  
 STREET ADDRESS 919 PARK VILLA CIR.  
 CITY-ST-ZIP ORLANDO FL

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE SD  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE PD  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE VPD  Change  Addition  
 4.2 NAME KATY SIZER  
 4.3 STREET ADDRESS 918 Park Villa Circle  
 4.4 CITY-ST-ZIP ORLANDO, FL 32824

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

6.1 TITLE  Change  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)(l), 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, with all other like empowered.

SIGNATURE: SHARON HOOK **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-13-99

CR2E037 (11/98)