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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N23240 (7)

1. Corporation Name

MEADOW BROOK AT P.G.A. CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
134 CYPRESS POINT DR. PALM BEACH GARDENS FL 33418	134 CYPRESS POINT DR. PALM BEACH GARDENS FL 33418-7154

3. Date Incorporated or Qualified: 10/29/1987
3a. Date of Last Report: 03/18/1996

2. Principal Place of Business
21 12300 ALT A1A
Suite, Apt. #, etc.
22 Suite 105
City & State
23 Palm Beach Gardens
Zip 24 33410 Country 25 Palm Beach

2a. Mailing Address
26 12300 ALT A1A
Suite, Apt. #, etc.
27 Suite 105
City & State
28 Palm Beach Gardens
Zip 29 33410 Country 30 Palm Beach

4. FEI Number: 65-0029733 ☐ 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

HOLMES, CHRISTOPHER
134 CYPRESS POINTE DR.
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HOLMES, DANIEL T		1.2 NAME	
STREET ADDRESS	181 COMMODORE DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HOLMES, CHRISTOPHER K		2.2 NAME	
STREET ADDRESS	181 COMMODORE DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HOLMES, ROGER W		3.2 NAME	
STREET ADDRESS	181 COMMODORE DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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: Roger W Holmes Asst
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 9041523