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

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

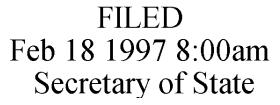
1997

DOCUMENT # N23240

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 Re 03/18/199	eport <b>96</b>
2. Principal Place of Business 2a. Mailing Address 2b. 12300 ACT ATA 2c. Mailing Address 2c. 12300 ACT			AIA		4. FEI Number 65-0029733	<del></del>	oplied For ot Applicable
Suite, Apt. #, etc Suite, Apt. #, 27 Suite, Apt. #, 27 Suite			etc. - 105		5. Certificate of Status Desired	SR 75 Additions	
23 A STATE	Beach Gardens	28 Halm Beach	Gar	ders	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
24334	10 25 Palm Beach		30 Paul	m Bear		Yes No	. 199.032,
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Re	gistered Agent	
HOLMEO	O I DIOTORI IED		8,	Name			
HOLMES, CHRISTOPHER 134 CYPRESS POINTE DR.			82	Street Address (P.O. Box Number is Not Acceptable)			
PALM BEACH GARDENS FL 33418			83				
FALM DE	LACTI GANDENS I E 33416						
			84	City		FL 85 Zip (	Code
11. Pursuant to office or reagent. Fai	to the provisions of Sections 617.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	and 617.1508, Florida Statute 1 Florida. Such change was a ions of, Section 617.0503, Flo	es, the abov authorized b rida Statute	Le-named corp the corpora s	poration submits this statement for the pation's board of directors. I hereby accept	jurpose of changing it	s registered registered
SIGNATURE	, ,	, , , , , , , , ,					
	Signature, typical or pointed name of regularized agent			ent signature requi	ired when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
TOTLE	PD HOLAICE DANIEL T	☐ DELETE	1.1 TITLE			L. Change	Addition
NAME	HOLMES, DANIEL T 181 COMMODORE DR.		1.2 NAME				
STREEL ADDRESS	JUPITER FL			ADDRESS			
CITY-ST-ZIP TITLE	VD VD	DELETE	1.4 C(TY - ) 2.1 T(TLE	ST-ZIP	VIA	☐ Change	Addition
NAME	HOLMES, CHRISTOPHER K						L_I Addition
	181 COMMODORE DR.		2.2 NAME	4000000			
STREET ADDRESS	JUPITER FL		2.3 STREET				
CITY-ST-ZIP TITLE	STD	DELETE	2. 4 CITY- 3.1 TITLE	SI-ZIP		Change	Addition
NAME	HOLMES, ROGER W		3.2 NAME			∟ crange	FIGURION
STREET ADDRESS	181 COMMODORE DR.		3.3 STREET	ADDRECC			
CITY-ST-ZIP	JUPITER FL		3.4 CITY-				
TITLE		DELETE	4.1 TITLE	01-2IF	***************************************	Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	ADDRESS			
CITY - ST - ZIP			4.4 CITY - S				
TOLE		DELETE	5 1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
COTY - ST - ZOP			5.4 CITY - 9	T-ZIP			
TITLE		DELETE	6.1 TITLE			☐ Change	Addition
NAME			62 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY - S1 - ZIP			6.4 CITY - 9				
<ol> <li>14. I do heret information</li> </ol>	by certify that the information supplied in indicaled on this armual report or sur	with this filing does not qualify pplemental annual report is tr	y for the exe	mption state	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same lega	s. I further certify that I	the deripath: 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: