

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**

95 FEB 17 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N25093 (8)**

MEADOWS AT MARTIN DOWNS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business: P O BOX 1944, PALM CITY FL 34990, US  
Mailing Address: P O BOX 1944, PALM CITY FL 34990, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/29/1988</b>	3a. Date of Last Report <b>02/23/1994</b>
4. FEI Number <b>65-0031955</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent

CORNETT, JANE E  
WACKEEN, CORNETT, GOOGE, P.A.  
401 E OSCEOLA ST  
STUART FL 34994

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	
85. Zip Code	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	VPD
NAME	PEIXOTTO, ERNEST
STREET ADDRESS	2945 SW GREENWICH WAY
CITY-ST-ZIP	PALM CITY FL
TITLE	P
NAME	NELSON, CLYDE W.
STREET ADDRESS	2876 S.W. BRIGHTON WAY
CITY-ST-ZIP	PALM CITY FL
TITLE	SD
NAME	FABRICANT, ROBERT
STREET ADDRESS	2575 SW GREENWICH WAY
CITY-ST-ZIP	PALM CITY FL
TITLE	TD
NAME	WALKES, MARTIN
STREET ADDRESS	1618 SW WATERFALL BLVD
CITY-ST-ZIP	PALM CITY FL
TITLE	D
NAME	CORAGGIO, BEN
STREET ADDRESS	2615 SW PROSPECT PL
CITY-ST-ZIP	PALM CITY FL
TITLE	D
NAME	ESSNER, NORMAN
STREET ADDRESS	2047 SW MAYFLOWER DR
CITY-ST-ZIP	PALM CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ernest D. Peixotto
1.3 STREET ADDRESS	2945 SW Brighton Way
1.4 CITY-ST-ZIP	Palm City, FL 34990
2.1 TITLE	Vice-President, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Norman Essner
2.3 STREET ADDRESS	2047 SW Mayflower Dr.
2.4 CITY-ST-ZIP	Palm City, FL 34990
3.1 TITLE	Secretary, Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Robert Fabricant
3.3 STREET ADDRESS	2575 SW Greenwich Way
3.4 CITY-ST-ZIP	Palm City, FL 34990
4.1 TITLE	Treasurer, Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Martin Walkers
4.3 STREET ADDRESS	1618 SW Waterfall Blvd.
4.4 CITY-ST-ZIP	Palm City, FL 34990
5.1 TITLE	Joe Trebitz, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Joe Trebitz, Director
5.3 STREET ADDRESS	2053 SW Mayflower Dr.
5.4 CITY-ST-ZIP	Palm City, FL 34990
6.1 TITLE	Anthony Castagnaro, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Anthony Castagnaro, Director
6.3 STREET ADDRESS	1544 SW Springfield Court
6.4 CITY-ST-ZIP	Palm City, FL 34990

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that I am an officer or director of the corporation or the registered 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 the address.

SIGNATURE: *Norman Essner* 1/27/95 4072208877  
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR  
 NORMAN ESSNER VICE PRESIDENT