

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

*49.182*

DOCUMENT # **N25093** (8)

1. Corporation Name  
**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

3. Date Incorporated or Qualified: **02/29/1988**  
3a. Date of Last Report: **02/17/1995**

|                                |                     |   |  |
|--------------------------------|---------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number   | Applied For  |
| 21                             | 26                  | <b>65-0031955</b>   | <input type="checkbox"/> Not Applicable                  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 5. Certificate of Status Desired  | <input type="checkbox"/> \$8.75 Additional Fee Required  |
| 22                             | 27                  |   |  |
| City & State                   | City & State        | 6. Election Campaign Financing Trust Fund Contribution                                  | <input type="checkbox"/> \$5.00 May Be Added to Fees     |
| 23                             | 28                  |   |  |
| Zip                            | Zip                 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 24                             | 29                  |   |  |
| Country                        | Country             |   |  |
| 25                             | 30                  |   |  |

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

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

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

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

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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>P</b> <input type="checkbox"/> DELETE   | 1.1 TITLE   | <b>SAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition           |
| NAME                       | <b>PEIXOTTO, ERNEST</b>                    | 1.2 NAME  |   |
| STREET ADDRESS             | <b>2945 SW GREENWICH WAY</b>               | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>PALM CITY FL</b>                        | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>VPD</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <del>ESSNER, NORMA</del>                   | 2.2 NAME  | <b>WALKES, MARTIN</b>   |
| STREET ADDRESS             | <del>2053 SW MAYFLOWER DR</del>            | 2.3 STREET ADDRESS                                    | <b>1618 SW WATERFALL BLVD</b>   |
| CITY-ST-ZIP                | <del>PALM CITY FL</del>                    | 2.4 CITY-ST-ZIP                                       | <b>PALM CITY, FL</b>  |
| TITLE                      | <b>SD</b> <input type="checkbox"/> DELETE  | 3.1 TITLE   | <b>SAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition           |
| NAME                       | <b>FABRICANT, ROBERT</b>                   | 3.2 NAME  |   |
| STREET ADDRESS             | <b>2575 SW GREENWICH WAY</b>               | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>PALM CITY FL</b>                        | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>TD</b> <input type="checkbox"/> DELETE  | 4.1 TITLE   | <b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | <del>WALKER, MARTIN</del>                  | 4.2 NAME  | <b>TREBITZ, JOE</b>   |
| STREET ADDRESS             | <del>1618 SW WATERFALL BLVD</del>          | 4.3 STREET ADDRESS                                    | <b>2053 SW MAYFLOWER DR</b>   |
| CITY-ST-ZIP                | <del>PALM CITY FL</del>                    | 4.4 CITY-ST-ZIP                                       | <b>PALM CITY, FL</b>  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE   | 5.1 TITLE   | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       | <del>TREBITZ, JOE</del>                    | 5.2 NAME  | <b>SMITH, ROBERT</b>  |
| STREET ADDRESS             | <del>2053 SW MAYFLOWER DR</del>            | 5.3 STREET ADDRESS                                    | <b>1663 SW WATERFALL BLVD</b>   |
| CITY-ST-ZIP                | <del>PALM CITY FL</del>                    | 5.4 CITY-ST-ZIP                                       | <b>PALM CITY, FL</b>  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE   | 6.1 TITLE   | <b>SAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition           |
| NAME                       | <b>CASTAGNARO, ANTHONY</b>                 | 6.2 NAME  |   |
| STREET ADDRESS             | <b>1544 SW SPRINGFIELD COURT</b>           | 6.3 STREET ADDRESS                                    | <b>000001763670</b>   |
| CITY-ST-ZIP                | <b>PALM CITY FL</b>                        | 6.4 CITY-ST-ZIP                                       | <b>-04/01/96--01010--025</b>  |

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 119.07(3)(k), 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-20-96* *407-283-2250*

CR2E037 (12/95)

*3-29-1996*

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|                |                        |
|----------------|------------------------|
| TITLE          | D                      |
| NAME           | DIBENEDETTO, CLAIRE    |
| STREET ADDRESS | 2846 SW LAKEMONT PLACE |
| CITY-ST-ZIP    | PALM CITY, FL 34990    |