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Apr 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N25093 (8)
1. Corporation Name
MEADOWS AT MARTIN DOWNS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
P O BOX 1944 PALM CITY FL 34990 US P O BOX 1944 PALM CITY FL 34991-6944 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	02/29/1988	03/29/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	65-0031955	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

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	
84	City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PEIXOTTO, ERNEST	
STREET ADDRESS	2945 SW GREENWICH WAY	
CITY-ST-ZIP	PALM CITY FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WALKES, MARTIN	
STREET ADDRESS	1618 SW WATERFALL BLVD	
CITY-ST-ZIP	PALM CITY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FABRICANT, ROBERT	
STREET ADDRESS	2575 SW GREENWICH WAY	
CITY-ST-ZIP	PALM CITY FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TREBITZ, JOE	
STREET ADDRESS	2053 SW MAYFLOWER DR	
CITY-ST-ZIP	PALM CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, ROBERT	
STREET ADDRESS	1663 SW WATERFALL BLVD	
CITY-ST-ZIP	PALM CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CASTAGNARO, ANTHONY	
STREET ADDRESS	1544 SW SPRINGFIELD COURT	
CITY-ST-ZIP	PALM CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DOUGLAS J. GRANT	
1.3 STREET ADDRESS	1993 SW YOLK LANE	
1.4 CITY-ST-ZIP	PALM CITY, FL 34990	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	AARON A. FOOSANGER	
2.3 STREET ADDRESS	2552 SW GREENWICH WAY	
2.4 CITY-ST-ZIP	PALM CITY, FL 34990	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROBERT SHOSTAL	
3.3 STREET ADDRESS	2878 SW BRIGHTON WAY	
3.4 CITY-ST-ZIP	PALM CITY, FL 34990	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MICHAEL SCHADONE	
4.3 STREET ADDRESS	1782 SW WATERFALL BLVD	
4.4 CITY-ST-ZIP	PALM CITY, FL 34990	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROLAND DUCHESNEAU	
5.3 STREET ADDRESS	2426 SW DANBURY LANE	
5.4 CITY-ST-ZIP	PALM CITY, FL 34990	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ROY BISHOP	
6.3 STREET ADDRESS	2228 SW MAYFLOWER DR.	
6.4 CITY-ST-ZIP	PALM CITY, FL 34990	

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.

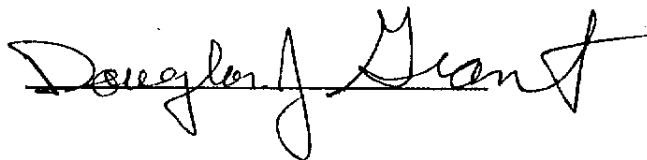
CR2E037 (9/96)

SIGNATURE _____

SIGNATURES OF MEMBERS OF THE BOARD OF DIRECTORS:

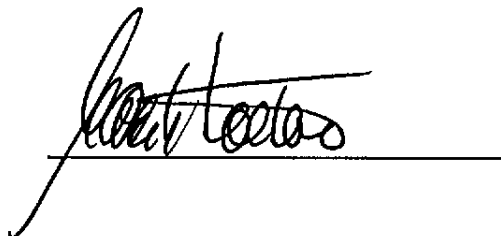
PRESIDENT

Douglas J. Grant
1993 SW York Lane
Palm City, FL 34990



VICE PRESIDENT

Aaron A. Foosaner
2552 SW Greenwich Way
Palm City, FL 34990



SECRETARY

Robert Shostak
2878 SW Brighton Way
Palm City, FL 34990



TREASURER

Michael Schiavone
1782 SW Waterfall Blvd
Palm City, FL 34990



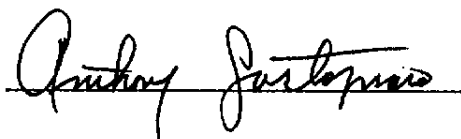
DIRECTOR

Roland Duchesneau
2436 SW Lakemont Place
Palm City, FL 34990



DIRECTOR

Anthony Castagnaro
1544 SW Springfield Court
Palm City, FL 34990



DIRECTOR

Roy Bishop
2228 SW Mayflower Drive
Palm City, FL 34990

