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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N25093

1. Corporation Name

MEADOWS AT MARTIN DOWNS HOMEOWNERS ASSOCIATION, INC.

119147.90076.30

Principal Place of Business

P O BOX 1944  
PALM CITY FL 34990  
US

Mailing Address

P O BOX 1944  
PALM CITY FL 34990  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

02/29/1988

22 City & State

27 City & State

4. FEI Number  
65-0031955

Applied For  
Not Applicable.

23 Zip Country

28 Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

24

25

29

30

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

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

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

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	P	<input checked="" type="checkbox"/> DELETE
NAME	GRANT, DOUGLAS	
STREET ADDRESS	1993 SW YORK LANE	
CITY-ST-ZIP	PALM CITY FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	FOOSANDER, AARON A	
STREET ADDRESS	2552 SW GREENWICH HWY	
CITY-ST-ZIP	PALM CITY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SHOSTAK, ROBERT	
STREET ADDRESS	2878 SW BRIGHTON WAY	
CITY-ST-ZIP	PALM CITY FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SCHIAVONE, MICHAEL	
STREET ADDRESS	1782 SW WATERFALL BLVD	
CITY-ST-ZIP	PALM CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DUCHESNEAU, ROLAND	
STREET ADDRESS	2436 SW DANBURY LANE	
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	

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D DEGEORGE, HAROLD	
1.3 STREET ADDRESS	2539 SW GREENWICH WAY	
1.4 CITY-ST-ZIP	PALM CITY, FL 34990	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RICE, M. PAUL	
2.3 STREET ADDRESS	2240 SW MAYFLOWER DR	
2.4 CITY-ST-ZIP	PALM CITY, FL 34990	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SHOSTAK, ROBERT	
3.3 STREET ADDRESS	2878 SW BRIGHTON WAY	
3.4 CITY-ST-ZIP	PALM CITY, FL 34990	
4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SCHIAVONE, MICHAEL	
4.3 STREET ADDRESS	1782 SW WATERFALL BLVD	
4.4 CITY-ST-ZIP	PALM CITY, FL 34990	
5.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DUCHESNEAU, ROLAND	
5.3 STREET ADDRESS	2436 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	STANZIANO, ROBERT	
6.3 STREET ADDRESS	1766 SW WATERFALL BLVD	
6.4 CITY-ST-ZIP	PALM CITY, FL 34990	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 I were an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes. My name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-99

Date

Daytime Phone #

CR2E037 (11/98)

