

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N25154** (8)

1. Corporation Name

MEADOWS PRESERVATION, INC.

Principal Place of Business

Mailing Address

MEADOWS MOBILE HOME PARK
2555 PGA BOULEVARD #177
PALM BEACH GARDENS FL 33410
US

MEADOWS MOBILE HOME PARK
2555 PGA BOULEVARD #177
PALM BEACH GARDENS FL 33410
US



3. Date Incorporated or Qualified

03/02/1988

3a. Date of Last Report

02/13/1995

4. FEI Number

65-0127808

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 2555 PGA Blvd

26 2555 PGA Blvd #209

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #209

27 #209

City & State

City & State

23 Palm Beach Gardens, FL

28 Palm Beach Gardens, FL

Zip

Country

Zip

Country

24 33410

25 USA

29 33410

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATT, JAMES L.
1900 PHILLIPS POINT WEST
777 SOUTH FLAGLER DR
WEST PALM BEACH FL 33401-3198

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 **D** ☒ DELETE
NAME **BEAUPRE, REMIJ**
STREET ADDRESS **2555 PGA BLVD, #124**
CITY-ST-ZIP **PALM BCH GARDENS FL**

1.1 TITLE **V.D.** ☐ Change ☐ Addition
1.2 NAME **Carl R. Turnquist**
1.3 STREET ADDRESS **2555 PGA Blvd #120**
1.4 CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE **PD** ☒ DELETE
NAME **SOUTHARD, C. WESLEY**
STREET ADDRESS **2555 PGA BLVD LOT 99**
CITY-ST-ZIP **PALM BCH GARDENS FL**

2.1 TITLE **TO** ☐ Change ☐ Addition
2.2 NAME **Harris, Barbara B.**
2.3 STREET ADDRESS **2555 'PGA Blvd #209**
2.4 CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE **SD** ☒ DELETE
NAME **BRUNO, ANGELINE**
STREET ADDRESS **2555 PGA BLVD, LOT 187**
CITY-ST-ZIP **PALM BCH GARDENS FL**

3.1 TITLE **SD** ☐ Change ☐ Addition
3.2 NAME **Tyrell, Theresa**
3.3 STREET ADDRESS **2555 PGA Blvd #118 FL**
3.4 CITY-ST-ZIP **Palm Beach Gardens, 33410**

TITLE **TD** ☐ DELETE
NAME **HARRIS, BARBARA**
STREET ADDRESS **2555 PGA BLVD LOT 177**
CITY-ST-ZIP **PALM BCH GARDENS FL**

4.1 TITLE **D** ☐ Change ☐ Addition
4.2 NAME **Geraldine Duke**
4.3 STREET ADDRESS **2555 PGA Blvd #206A**
4.4 CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE **D** ☒ DELETE
NAME **ALFANO, JOE**
STREET ADDRESS **2555 PGA BLVD LOT 77**
CITY-ST-ZIP **PALM BCH GARDENS FL**

5.1 TITLE **D** ☐ Change ☐ Addition
5.2 NAME **Harding, Albert**
5.3 STREET ADDRESS **2555 Pch Blvd #16**
5.4 CITY-ST-ZIP **Palm Beach Gardens FL 33410**

TITLE **VD** ☐ DELETE
NAME **TURNQUIST, CARL R.**
STREET ADDRESS **2555 PGA BLVD LOT 120**
CITY-ST-ZIP **PALM BCH GARDENS FL**

6.1 TITLE **D** ☐ Change ☐ Addition
6.2 NAME **Watkins, Willard**
6.3 STREET ADDRESS **2555 PGA Blvd #136**
6.4 CITY-ST-ZIP **Palm Beach Gardens FL 33410**

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

6-25-96

Date

407-624-1451

Daytime Phone #

CR2E037 (3/96)