

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

**FILED**

**Mar 05 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N25154 (8)**

1. Corporation Name  
**MEADOWS PRESERVATION, INC.**



Principal Place of Business 2555 PGA BLVD SUITE 209 PALM BEACH GARDENS FL 33410 US	Mailing Address 2555 PGA BLVD SUITE 209 PALM BEACH GARDENS FL 33410 US
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3. Date Incorporated or Qualified <b>03/02/1988</b>
4. FEI Number <b>65-0127808</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BACHIOCHI, MARY</b>	1.2 NAME	<i>Bachiochi, Mary</i>
STREET ADDRESS	<b>2555 PGA BLVD., #112</b>	1.3 STREET ADDRESS	<i>2555 PGA Blvd #112</i>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	1.4 CITY-ST-ZIP	<i>Palm Beach Gardens, FL 33410</i>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STEVENSON, TED</b>	2.2 NAME	<i>Mc Nab, David</i>
STREET ADDRESS	<b>2555 PGA BLVD., #89</b>	2.3 STREET ADDRESS	<i>2555 PGA Blvd #180</i>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	2.4 CITY-ST-ZIP	<i>Palm Beach Gardens, FL 33410</i>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TYRELL, THERESA</b>	3.2 NAME	<i>Tyrell, Theresa</i>
STREET ADDRESS	<b>2555 PGA BLVD #118</b>	3.3 STREET ADDRESS	<i>2555 PGA Blvd #118</i>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	3.4 CITY-ST-ZIP	<i>Palm Beach Gardens, FL 3341</i>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HARRIS, BARBARA</b>	4.2 NAME	<i>Flynn, Gerald</i>
STREET ADDRESS	<b>2555 PGA BLVD #209</b>	4.3 STREET ADDRESS	<i>2555 PGA Blvd #43</i>
CITY-ST-ZIP	<b>PALM BCH GARDENS FL</b>	4.4 CITY-ST-ZIP	<i>Palm Beach Gardens, FL 33410</i>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARDING, ALBERT</b>	5.2 NAME	
STREET ADDRESS	<b>2555 PGA BLVD #16</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCANN, DICK</b>	6.2 NAME	<i>McCann, Richard</i>
STREET ADDRESS	<b>2555 PGA BLVD., #119</b>	6.3 STREET ADDRESS	<i>2555 PGA Blvd #119</i>
CITY-ST-ZIP	<b>PALM BCH GARDENS FL</b>	6.4 CITY-ST-ZIP	<i>Palm Beach Gardens, FL 33410</i>

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; 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: *B. HARRIS* **RECEIVED B Harris** 2-19-98 FL 1624-1151

CR2E037 (10/97)