

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N25647 (1)

1. Corporation Name

MEADOWS OF MARION OAKS TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

1 BANYAN DR  
OCALA FL 34480  
US

Mailing Address

PO BOX 189  
OCALA FL 34478



3. Date Incorporated or Qualified

03/29/1988

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2899183

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

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAZZURCO, ANDREW S.  
1 BANYAN DR  
OCALA FL 34480

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

34472

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

TITLE PD ☐ DELETE

NAME MAZZURCO, ANDREW S.  
STREET ADDRESS 1 BANYAN DR  
CITY-ST-ZIP Ocala FL

TITLE STD ☐ DELETE

NAME COOPER, MICHAEL J.  
STREET ADDRESS 321 NW THIRD AVENUE  
CITY-ST-ZIP Ocala FL

TITLE D ☐ DELETE

NAME MAZZURCO, JOSEPH  
STREET ADDRESS 4975 SE 39TH CT  
CITY-ST-ZIP Ocala FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

71 TITLE

72 NAME

73 STREET ADDRESS

74 CITY-ST-ZIP

81 TITLE

82 NAME

83 STREET ADDRESS

84 CITY-ST-ZIP

91 TITLE

92 NAME

93 STREET ADDRESS

94 CITY-ST-ZIP

SIGNATURE:

Andrew S. Mazzurco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96

(352) 624-0011

CR2E037 (12/95)