

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

NONPROFIT CORPORATION  
ANNUAL REPORT,  
1996



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

DOCUMENT # **N25680** (2)

1. Corporation Name

**MEADOW LAKE HOMEOWNERS ASSOCIATION OF EDGEWATER, INC.**



Principal Place of Business

Mailing Address

317 PINE BREEZE DRIVE  
EDGEWATER FL 32141

317 PINE BREEZE DR  
EDGEWATER FL 32141  
US

3. Date Incorporated or Qualified  
**03/30/1988**

3a. Date of Last Report  
**06/05/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
**59-3052047**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARRETT, PERRY R  
3001 INDIA PALM DR  
EDGEWATER FL 32141

81 Name **VISCONTI, MICHAEL**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**316 PINE BREEZE DR.**  
83  
84 City **EDGEWATER** FL 85 Zip Code **32141**

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 *Michael Visconti*

Signature, typed or printed name of registered agent, and title if applicable

NOTE: Registered Agent signature required when reappointing

*MICHAEL VISCONTI*

*17 JAN 1996*

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	BARRETT, PERRY R.	3001 INDIA PALM DRIVE	EDGEWATER FL	<input checked="" type="checkbox"/>
VD	BARRETT, PERRY R.	3001 INDIA PALM DRIVE	EDGEWATER FL	<input checked="" type="checkbox"/>
STD	BARRETT, PERRY R.	3001 INDIA PALM DRIVE	EDGEWATER FL	<input checked="" type="checkbox"/>
D	MASSO, DONALD D.	317 PINE BREEZE DR.	EDGEWATER, FL 32141-5829	<input type="checkbox"/>
D	McINTOSH, ROBERT.	303 PINE BREEZE DR	EDGEWATER, FL 32141-5829	<input type="checkbox"/>
D.	KLEMBVICH, FRANK	208 MEADOW LAKE DR	EDGEWATER, FL 32141-5800	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
Pres.	VISCONTI, MICHAEL	316 PINE BREEZE DR	EDGEWATER, FL 32141-5828	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VICE PRESIDENT	STOUP, DANIEL	198 CLOVERIDGE COURT	EDGEWATER, FL 32141-5826	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SECRETARY	MARINAK, MARY LOU	333 PINE BREEZE DR.	EDGEWATER, FL 32141-5829	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TREASURER	MASSO, DONALD D.	317 PINE BREEZE DR.	EDGEWATER, FL 32141-5829	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: *Donald D. Masso* DONALD D. MASSO 17 JAN '96 904/427-7955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone #

TREASURER

CR2E037 (12/95)