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FILED
Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25680** (2)

1. Corporation Name
MEADOW LAKE HOMEOWNERS ASSOCIATION OF EDGEWATER, INC.



Principal Place of Business 17 PINE BREEZE DRIVE EDGEWATER FL 32141	Mailing Address 317 PINE BREEZE DR EDGEWATER FL 32141-5829 US
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3. Date Incorporated or Qualified 03/30/1988	3a. Date of Last Report 03/05/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-3052047	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**VISCONTI, MICHAEL
316 PINE BREEZE DRIVE
EDGEWATER FL 32141**

10. Name and Address of New Registered Agent

81 Name
NAOMI CALABRESE

82 Street Address (P.O. Box Number is Not Acceptable)
324 PINE BREEZE DR

83

84 City
EDGEWATER

85 Zip Code
FL 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: *Naomi Calabrese* DATE: **1/4/97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	VISCONTI, MICHAEL	
STREET ADDRESS	316 PINE BREEZE DRIVE	
CITY-ST-ZIP	EDGEWATER FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	STOUP, DANIEL	
STREET ADDRESS	198 CLOVERIDGE COURT	
CITY-ST-ZIP	EDGEWATER FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MARINAK, MARY LOU	
STREET ADDRESS	333 PINE BREEZE DRIVE	
CITY-ST-ZIP	EDGEWATER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MASSO, DONALD D.	
STREET ADDRESS	317 PINE BREEZE	
CITY-ST-ZIP	EDGEWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCINTOSH, ROBERT	
STREET ADDRESS	303 PINE BREEZE DRIVE	
CITY-ST-ZIP	EDGEWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KLEMOVITCH, FRANK	
STREET ADDRESS	208 MEADOW LAKE DRIVE	
CITY-ST-ZIP	EDGEWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NAOMI CALABRESE	
1.3 STREET ADDRESS	324 PINE BREEZE DRIVE	
1.4 CITY-ST-ZIP	EDGEWATER FL 32141-5828	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Russell Mullen	
4.3 STREET ADDRESS	320 PINE BREEZE DR	
4.4 CITY-ST-ZIP	EDGEWATER, FL 32141-5828	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DONALD D. MASSO	
5.3 STREET ADDRESS	317 PINE BREEZE DR	
5.4 CITY-ST-ZIP	EDGEWATER, FL 32141-5829	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	\$61.25 Bank	
6.4 CITY-ST-ZIP		

14. I do 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: *Naomi Calabrese* DATE: **1/4/97**

CR2E037 (9/96)