


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90062 007 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N25680**

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

Principal Place of Business 317 PINE BREEZE DRIVE EDGEWATER FL 32141	Mailing Address 317 PINE BREEZE DR EDGEWATER FL 32141 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/30/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3052047
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
VISCONTI, MICHAEL 316 PINE BREEZE DRIVE EDGEWATER FL 32141		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL

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	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALABRESE, NAOMI	1.2 NAME	DANIEL STOUP
STREET ADDRESS	324 PINE BREEZE DRIVE	1.3 STREET ADDRESS	198 CLOVERIDGE COURT
CITY-ST-ZIP	EDGEWATER FL 32141-5828	1.4 CITY-ST-ZIP	EDGEWATER, FL 32141
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, NORA	2.2 NAME	NORA ROBERTS
STREET ADDRESS	327 PINE BREEZE DR	2.3 STREET ADDRESS	327 PINE BREEZE DR
CITY-ST-ZIP	EDGEWATER FL 32141	2.4 CITY-ST-ZIP	EDGEWATER, FL 32141
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOUP, EILEEN	3.2 NAME	
STREET ADDRESS	198 CLOVERIDGE CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL 32141	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSO, DONALD D.	4.2 NAME	ROBERT BONNEY
STREET ADDRESS	317 PINE BREEZE	4.3 STREET ADDRESS	200 CLOVERIDGE COURT
CITY-ST-ZIP	EDGEWATER FL 32141-5829	4.4 CITY-ST-ZIP	EDGEWATER, FL 32141
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTOSH, ROBERT	5.2 NAME	AL BECKMAN
STREET ADDRESS	303 PINE BREEZE DRIVE	5.3 STREET ADDRESS	217 MEADOW LAKE DR
CITY-ST-ZIP	EDGEWATER FL	5.4 CITY-ST-ZIP	EDGEWATER, FL 32141
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, KAY	6.2 NAME	
STREET ADDRESS	327 PINE BREEZE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL 32141-5828	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Kay Thompson KAY THOMPSON (PT) 1-14-99 904-428-7662  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)