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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N26353 (5)

1. Corporation Name
MEADOWLAKE NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business Mailing Address
6 MEADOWLAKE CIRCLE SOUTH LAKE PLACID FL 33852 US
6 MEADOWLAKE CIRCLE SOUTH LAKE PLACID FL 33852-7077 US

3. Date Incorporated or Qualified 05/09/1988
3a. Date of Last Report 02/12/1996

2. Principal Place of Business 2a. Mailing Address
21 43 Meadowlake Circle N 26 43 Meadowlake Circle N
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number 59-2947173 Applied For Not Applicable

22 City & State 27 City & State
23 Lake Placid 28 Lake Placid

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 Zip 25 Country 29 Zip 30 Country
33852 33852

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
POULOS, PHILLIP H.
6 MEADOWLAKE CIRCLE SOUTH
LAKE PLACID FL 33852

10. Name and Address of New Registered Agent
81 Name Robert Puzey
82 Street Address (P.O. Box Number is Not Acceptable) 43 Meadowlake Circle N
83
84 City Lake Placid FL 85 Zip Code 33852

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 Robert L. Puzey, Treas. 2/22/97
Signature typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PDD	<input checked="" type="checkbox"/> DELETE
NAME	PRYOR, LARRY	
STREET ADDRESS	42 MEADOWLAKE CIRCLE NORTH	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RAMSLAND, HARRY	
STREET ADDRESS	50 MEADOWLAKE CIRCLE SOUTH	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WILKES, ROY	
STREET ADDRESS	49 MEADOWLAKE CIRCLE SOUTH	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	POULOS, PHILIP	
STREET ADDRESS	6 MEADOWLAKE CIRCLE SOUTH	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Harry O. Ramsland	
1.3 STREET ADDRESS	50 Meadowlake Cir. S.	
1.4 CITY-ST-ZIP	Lake Placid, FL 33852	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Phillip H. Poulos	
2.3 STREET ADDRESS	6 Meadowlake Cir. S.	
2.4 CITY-ST-ZIP	Lake Placid, FL 33852	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Helen Stobaugh	
3.3 STREET ADDRESS	28 Meadowlake Cir. S.	
3.4 CITY-ST-ZIP	Lake Placid, FL 33852	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Robert L. Puzey	
4.3 STREET ADDRESS	43 Meadowlake Cir. N.	
4.4 CITY-ST-ZIP	Lake Placid, FL 33852	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Robert L. Puzey, Treas. 2/23/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0053875

CR2E037 (9/96)