

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 10 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N26353 (5)
1. Corporation Name
MEADOWLAKE NEIGHBORHOOD ASSOCIATION, INC.



| | |
|---|---|
| Principal Place of Business MEADOWLAKE CIRCLE SOUTH LAKE PLACID FL 33852 US | Mailing Address 43 MEADOWLAKE CIR N LAKE PLACID FL 33852 US |
|---|---|

| | |
|---|--|
| 3. Date Incorporated or Qualified 05/09/1988 | |
| 4. FEI Number 59-2947173 | 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 checked="" type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--|--|
| 2. Principal Place of Business 21 2 Meadowlake Cir. S Suite, Apt. #, etc. | 2a. Mailing Address 26 2 Meadowlake Cir. S. Suite, Apt. #, etc. |
| 22 City & State Lake Placid, FL | 27 City & State Lake Placid, FL |
| 23 Zip 33852-7077 | 28 Country |
| 24 Country | 29 Zip 33852 |
| 25 Country | 30 Country |

9. Name and Address of Current Registered Agent

**PUZEY, ROBERT
43 MEADOWLAKE CIRCLE N
LAKE PLACID FL 33852**

10. Name and Address of New Registered Agent

| | | |
|---|-------|-------------|
| 81 Name | | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| 83 | | |
| 84 City | 85 FL | 86 Zip Code |

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 Puzey* (NOTE: Registered Agent signature required when reinstating) DATE: **02/15/98**

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | PD <input checked="" type="checkbox"/> DELETE |
| NAME | RAMSLAND, HARRY O |
| STREET ADDRESS | 50 MEADOWLAKE CIR S |
| CITY-ST-ZIP | LAKE PLACID FL |
| TITLE | TD <input type="checkbox"/> DELETE |
| NAME | PUZEY, ROBERT L |
| STREET ADDRESS | 43 MEADOWLAKE CIR N |
| CITY-ST-ZIP | LAKE PLACID FL |
| TITLE | SD <input checked="" type="checkbox"/> DELETE |
| NAME | STOBAUGH, HELEN |
| STREET ADDRESS | 28 MEADOWLAKE CIR S |
| CITY-ST-ZIP | LAKE PLACID FL |
| TITLE | VD <input checked="" type="checkbox"/> DELETE |
| NAME | POULOS, PHILLIP H |
| 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 | Vinson, Michael A |
| 1.3 STREET ADDRESS | 45 Meadowlake Cir. S |
| 1.4 CITY-ST-ZIP | Lake Placid, FL 33852 |
| 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 | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Hess, Brian R. |
| 3.3 STREET ADDRESS | 12 Meadowlake Dr. |
| 3.4 CITY-ST-ZIP | Lake Placid, FL 33852 |
| 4.1 TITLE | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Causey, Jessie A. |
| 4.3 STREET ADDRESS | 108 Lake June Rd. |
| 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 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: *Michael A. Vinson* **Michael A. Vinson, Pres. 2/15/98** 841-699-2260

CR2E037 (10/97)