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

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997

N31722

(4)

## **FILED** May 06 1997 8:00am Secretary of State

1. Corporation	SSEE MEADOWS HOMEO								
P.O. BOX 680708 P.O. BOX 680708 ORLANDO FL 32868-0708									
					<ol> <li>Date Incorporated or Qualifie 04/14/1989</li> </ol>		of Last R 3/10/19	eport <b>96</b>	
2. Principal P 21	Principal Place of Business 2a. Mailing Address 26				4. FEI Number 59-2952466				
Suite, Apt	Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desire			\$8.75 Additional		
27				6. Election Campaign Finance			Fee Required		
23		28			Trust Fund Contribution		Added 1		
Zip <b>24</b>	Country 25	Zip <b>29</b>	Country 30	1	This corporation has liability for Florida Statutes	or intangible ta		. 199.032,	
<u> </u>	9. Name and Address of Curr			,	10. Name and Address of New				
			81	Name					
PULEIKIS, JOANNE			62	Street A	Address (P.O. Box Number is Not Accep	able)			
	RANDA CIRCLE DO FL 32818		83						
OUDVIII	70 1 L 32010		84	City	<u> </u>	1.	or   715 /	0-40	
						PL!	1	Code	
SIGNATURE.	Signature, typed or printed name of registered a OFFICERS A	agent and title if applicable. (NOTI			corporation submits this statement for the coration's board of directors. I hereby accoration when relinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND D	IRECTOR	RS IN 12	
TITLE	PD	PD DELETE BRESNAHAN, DAVE				L	) Change	Addition Addition	
NAME STREET ADDRESS	6700 HIAWASSEE MEADOW		1.2 NAME 1.3 STREET ADDRESS		•				
CITY-ST-ZIP	ORLANDO FL 32818	•	1.4 CITY-	1					
TITLE	VPD DELETE		2.1 TITLE				Change	Addition	
NAME	GLOVER, JOE C		2.2 NAME	ì					
STREET ADDRESS	6654 HIAWASSEE MEADOV ORLANDO FL 32818	NO DHIVE		ADDRESS		. ,			
CITY-ST-ZIP TITLE	T 7	DELETE	2.4 CITY- 3.1 TITLE		Assi. Sec.		Change	Addition	
NAME	HORWARTH, LESLEY		3.2 NAME		R. A. Cumminas .			•	
STREET ADDRESS	4624 MIRANDA CIRCLE			T ADDRESS	B. A. Cummings 4419 Miranda (Trole				
CITY-ST-ZIP TITLE	ORLANDO FL 32818	DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP	Orlando, FL 32818		Change	Addition	
NAME	PULEIKIS, JOANNE		4.1 HIFLE 4.2 NAME			L	1 CHRINGS	Hamilian First	
STREET ADDRESS	4695 MIRANDA CIRCLE		1	T ADDRESS					
CITY - ST - ZIP	ORLANDO FL 32818			ST-ZIP					
TITLE	D DELETE		5.1 TITLE			L	Change	Addition	
NAME STREET ADDRESS	JONES, DEBRA 4611 MIRANDA CIRCLE		5.2 NAME	- 6					
CITY-ST-ZIP	ORLANDO FL 32818	_	5.3 STREE 5.4 CITY-	TADDRESS					
THILE	D D	DELETE	6.1 TITLE	,, Ln			Change	Addition	
NAME	SHAW, TONY	-	6.2 NAME	ĺ					
STREET ADDRESS	4708 MIRANDA CIRCLE			T ADORESS	·				
CITY-ST-ZIP	ORLANDO FL 32818	ingle visit state states and an arrange	6.4 CITY-		tated in Section 119.07(3)(i), Florida Stati	doe I further of	antida e Nama		

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: