

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29 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 # N33030 (0)

1. Corporation Name
THE MEADOWS AT MIRROR LAKES ASSOCIATION, INC.



Principal Place of Business THE MEADOWS AT MIRROR LAKES 1718 FOWLER ST FT. MYERS FL 33907 US	Mailing Address P O BOX 894 LEHIGH ACRES FL 33970-0894 US
--	---

3. Date Incorporated or Qualified 06/28/1989		
4. FEI Number 65-1032329	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input 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 type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**BECKER-POLIAKOFF
13515 BELL LOWER DR
SUITE 101
FT MEYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BENSON, REGINE	
STREET ADDRESS	557 FOX CREEK DR	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ARTHUR, CARDONE	
STREET ADDRESS	555 FOX CREEK DR	
CITY-ST-ZIP	LEHIGH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CAROL CINIUS	
STREET ADDRESS	888 GRASS COVE CT	
CITY-ST-ZIP	LEHIGH FL 33936	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	JOAN RANKIN	
STREET ADDRESS	885 GRASS COVE CT	
CITY-ST-ZIP	LEHIGH FL 33936	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARDONE, ARTHUR	
STREET ADDRESS	555 FOXCREEK DR	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	SD Donna Slattery
3.3 STREET ADDRESS	561 FOXCREEK DRIVE
3.4 CITY-ST-ZIP	LeHigh FL 33936
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD Earl Gump
4.3 STREET ADDRESS	688 Covey Lane
4.4 CITY-ST-ZIP	Lehigh FL 33936
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	b Theresa D'anna
5.3 STREET ADDRESS	691 GRASS COVE COURT
5.4 CITY-ST-ZIP	Lehigh FL 33936
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: Earl D. Gump, Treasurer **Earl D. Gump 4-22-98 941-368-5240**

CR2E037 (10/97)