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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40497

1. Corporation Name

MEAD GARDEN PRESERVATION ASSOCIATION, INC.

Principal Place of Business

401 PARK AVE. SOUTH
WINTER PARK FL 32789

Mailing Address

401 PARK AVE. SOUTH
WINTER PARK FL 32789



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

10/22/1990

4. FEI Number

59-3080403

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MILLARD, BRIAN C
1584 CAVENDISH RD
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P/D ☐ DELETE

NAME LOTSPEICH, KARL

STREET ADDRESS 1580 MAGNOLIA

CITY-ST-ZIP WINTER PARK FL 32789

TITLE V/D ☒ DELETE

NAME BLEXRUD, JOHN

STREET ADDRESS 673 BALMORAL RD.

CITY-ST-ZIP WINTER PARK FL

TITLE T ☐ DELETE

NAME MILLARD, BRIAN

STREET ADDRESS 1584 CAVENDISH RD.

CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☐ DELETE

NAME MELLIN, RICK

STREET ADDRESS 354 MASHIE LANE

CITY-ST-ZIP ORLANDO FL 32804

TITLE D ☐ DELETE

NAME WEEKS, BETSEY

STREET ADDRESS 700 MELROSE AVE., B-22

CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☐ DELETE

NAME DOYLE, JANET

STREET ADDRESS 748 MCINTYRE AVE.

CITY-ST-ZIP WINTER PARK FL 32789

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

[Signature] REQUIRED

4/29/99

407-740-8482

CR2E037 (1/98)