

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
James B. Murphree  
Secretary of State  
1900 BANK OF AMERICA BUILDING  
TALLAHASSEE, FLORIDA 32399

APPROVED  
AND  
FILED

57 MAY - 1 PM 12: 09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N41430** (2)

1. Corporation Name

**PARK PLACE AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.**

2. Principal Place of Business

2180 W SR 434 STE 5000  
LONGWOOD FL 32779

2a. Mailing Address

2180 W SR 434 STE 5000  
LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Chartered  
**12/27/1990**

3a. Date of Last Report  
**05/01/1994**

4. FIC Number  
**59-3108532**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Has bond with respect to assets held in trust for contribution

**\$5.00 May Be Added to Fees**

7. Nonprofit with 100% Exempt Status

**\$68.75 Supplemental Fee Not Required**

8. Has corporation has liability for information fee under § 199.02(2), Florida Statutes  Yes  No

2. Principal Place of Business

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2a. Mailing Address

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9. Name and Address of Current Registered Agent

HART, JAMES W JR  
2180 W SR 434 STE 5000  
LONGWOOD FL 32779

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 law from 1977 (1977-1978) Florida Statutes, this change of registered agent is being made for the purpose of changing its registered office or registered agent 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 199.02(2), Florida Statutes.

SIGNATURE

OFFICER, DIRECTOR, OR OTHER OFFICER

NAME AND ADDRESS OF REGISTERED AGENT

NAME  
OFFICE ADDRESS  
CITY  
STATE  
ZIP

PD  
PALMISCIANO, CARL  
120 FAIRWAY WOODS BLVD.  
ORLANDO FL

VD  
O'HARA, CHARLES  
120 FAIRWAYS WOODS BLVD.  
ORLANDO FL

STD  
WILLIAMS, MORRIS A. JR.  
120 FAIRWAY WOODS BLVD.  
ORLANDO FL

1. NAME  
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct for the information stated in the law. I understand that if there is any change in the information supplied, I shall file a supplemental annual report, and I understand that the corporation shall have the same responsibility for the information supplied. I understand that if there is any change in the information supplied, I shall file a supplemental annual report, and I understand that the corporation shall have the same responsibility for the information supplied. I understand that if there is any change in the information supplied, I shall file a supplemental annual report, and I understand that the corporation shall have the same responsibility for the information supplied.

SIGNATURE *Charles D O'Hara*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

3/30/95 407-240-0044