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FILED
May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N41430 (2)
1. Corporation Name
PARK PLACE AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 2180 W SR 494 STE 5000 LONGWOOD FL 32779	Mailing Address 2180 W SR 434 STE 5000 LONGWOOD FL 32779-5044
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/27/1990	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3108532	Applied For Not Applicable		
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HART, JAMES W JR 2180 W SR 434 STE 5000 LONGWOOD FL 32779				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMISCIANO, CARL	1.2 NAME	
STREET ADDRESS	120 FAIRWAY WOODS BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'HARA, CHARLES	2.2 NAME	
STREET ADDRESS	120 FAIRWAYS WOODS BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, MORRIS A. JR.	3.2 NAME	
STREET ADDRESS	120 FAIRWAY WOODS BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICK CLEMENTS	4.2 NAME	
STREET ADDRESS	854 MONOPOLY COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARON PALMER	5.2 NAME	THEODORE ONEST
STREET ADDRESS	824 MONOPOLY COURT	5.3 STREET ADDRESS	872 MONOPOLY COURT
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	STD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFREY SMITH	6.2 NAME	KATHLEEN BASFORD
STREET ADDRESS	860 MONOPOLY COURT	6.3 STREET ADDRESS	864 MONOPOLY COURT
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	ORLANDO, FL 32824

14. I do 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: *Sandra B. Mortham* | *Patrick Clements* | *Patrick E. Clements* **March 24 97**

CR2E037 (9/96)