

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 27 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N44179 (2)

1. Corporation Name

MEADOW BROOKE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

535 PARK AVE N  
BOX 1508  
WINTER PARK FL 32790

535 PARK AVE N  
BOX 1508  
WINTER PARK FL 32790

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/28/1991

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

4. FEI Number  
59-3079707

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 620 Nighthawk Circle

26 c/o Paine-Anderson Properties, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Winter Springs, Fl.

28 Winter Springs, Fl.

24 Zip

Country

29 Zip

Country

32708

32719-5771

5. Election of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status ☐

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, WARREN E.  
28 W. CENTRAL ST.  
ORLANDO FL 32801

81 Name  
Paine-Anderson Properties, Inc.

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

83

84 City  
Winter Springs, FL 85 Zip Code  
32708

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DPT  
GARBE, UDO  
535 PARK AVE. N.  
WINTER PARK FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
DP  
Lind, Ivan  
350 Leslie Lane  
Lake Mary, Fl. 32746

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DSV  
HOCKMAN, JOSIE  
535 PARK AVE. N.  
WINTER PARK FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
DV  
Blackwelder, Elliot  
277 Leslie Lane  
Lake Mary, Fl. 32746

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
SMITH, DOREEN  
535 PARK AVENUE, NORTH  
WINTER PARK FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
DT  
Sofarelli, John  
223 Meadow Bay Ct  
Lake Mary, Fl. 32746

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
DS  
Stymiest, Joan  
248 Leslie Lane  
Lake Mary, Fl. 32746

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #