

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N44179 (2)**  
1. Corporation Name  
**MEADOW BROOKE COMMUNITY ASSOCIATION, INC.**



Principal Place of Business  
**2180 WEST SR 434, STE 5000  
LONGWOOD FL 32779-5044  
US**

Mailing Address  
**C/O PAINE-ANDERSON PROPERTIES  
P.O. BOX 195571  
WINTER SPRINGS FL 32719-5771  
US**

3. Date Incorporated or Qualified  
**06/28/1991**

3a. Date of Last Report  
**04/27/1995**

4. FEI Number  
**59-3079707**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 2180 W STATE RD 434  
27 Suite, Apt. #, etc.  
28 SUITE 5000  
29 City & State  
30 LONGWOOD FL  
31 Zip  
32 32779  
33 Country  
34 US

## 9. Name and Address of Current Registered Agent

-- PAINE-ANDERSON PROPERTIES INC --  
-- 620 NIGHAWK CIRCLE --  
-- WINTER SPRINGS FL 32708 --

## 10. Name and Address of New Registered Agent

81 Name  
**HART, JAMES W. JR**

82 Street Address (P.O. Box Number is Not Acceptable)  
**C/O SENTRY MANAGEMENT, INC.**

83  
**2180 WEST SR 434, SUITE 5000**

84 City  
**LONGWOOD FL**

85 Zip Code  
**FL 32779-5044**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE	- BP	<input type="checkbox"/> DELETE
NAME	- LIND, IVAN -	
STREET ADDRESS	- 850 LESLIE LANE	
CITY - ST - ZIP	- LAKE MARY FL -	
TITLE	OV	<input type="checkbox"/> DELETE
NAME	BLACKWELDER, ELLIOT	
STREET ADDRESS	277 LESLIE LANE	
CITY - ST - ZIP	LAKE MARY FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SOFARELLI, JOHN	
STREET ADDRESS	223 MEADOW BAY CT.	
CITY - ST - ZIP	LAKE MARY FL	
TITLE	- BS --	<input type="checkbox"/> DELETE
NAME	STYMIEST, JOAN	
STREET ADDRESS	248 LESLIE LANE	
CITY - ST - ZIP	LAKE MARY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LACOURSIERE, LAURIE	
1.3 STREET ADDRESS	325 LESLIE LN	
1.4 CITY - ST - ZIP	LAKE MARY FL	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ABRAMS, JIM	
5.3 STREET ADDRESS	271 LESLIE LN	
5.4 CITY - ST - ZIP	LAKE MARY FL	
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 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 #

CR2E037 (12/95)