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May 08 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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
2180 W STATE RD 434
SUITE 5000
LONGWOOD FL 32779-5044
US

3. Date Incorporated or Qualified 06/28/1991
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-3079707 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

HART, JAMES W. JR.
C/O SENTRY MANAGEMEN, INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	SD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACOURSIERE, LAURIE	1.2 NAME	BLACKWELDER, ELLIOT
STREET ADDRESS	325 LESLIE LANE	1.3 STREET ADDRESS	277 LESLIE LANE
CITY-ST-ZIP	LAKE MARY FL	1.4 CITY-ST-ZIP	LAKE MARY FL
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLACKWELDER, ELLIOT	2.2 NAME	PALMER, MORRIS
STREET ADDRESS	277 LESLIE LANE	2.3 STREET ADDRESS	259 LESLIE LANE
CITY-ST-ZIP	LAKE MARY FL	2.4 CITY-ST-ZIP	LAKE MARY FL
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOFARELLI, JOHN	3.2 NAME	LACOURSIERE, LAURIE
STREET ADDRESS	223 MEADOW BAY CT.	3.3 STREET ADDRESS	325 LESLIE LANE
CITY-ST-ZIP	LAKE MARY FL	3.4 CITY-ST-ZIP	LAKE MARY FL
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STYMIEST, JOAN	4.2 NAME	REED, CHARLIE
STREET ADDRESS	248 LESLIE LANE	4.3 STREET ADDRESS	320 LESLIE LANE
CITY-ST-ZIP	LAKE MARY FL	4.4 CITY-ST-ZIP	LAKE MARY FL
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMS, JIM	5.2 NAME	
STREET ADDRESS	271 LESLIE LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: _____ ELLIOT BLACKWELDER
3-19-97 3328949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0012284

CR2E037 (9/96)