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Mar 26 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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 Mailing Address  
**2180 WEST SR 434, STE 5000** **2180 W STATE RD 434**  
**LONGWOOD FL 32779-5044** **SUITE 5000**  
**US** **LONGWOOD FL 32779**  
**US**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 28 Zip 30 Country

3. Date Incorporated or Qualified

06/28/1991

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

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 D ☒ DELETE  
NAME LACOURSIERE, LAURIE  
STREET ADDRESS 325 LESLIE LANE  
CITY-ST-ZIP LAKE MARY FL

TITLE VD ☐ DELETE  
NAME BLACKWELDER, ELLIOT  
STREET ADDRESS 277 LESLIE LANE  
CITY-ST-ZIP LAKE MARY FL

TITLE VD ☐ DELETE  
NAME PALMER, MORRIS  
STREET ADDRESS 259 LESLIE LANE  
CITY-ST-ZIP LAKE MARY FL

TITLE TD ☒ DELETE  
NAME REED, CHARLIE  
STREET ADDRESS 320 LESLIE LANE  
CITY-ST-ZIP LAKE MARY FL

TITLE D ☐ DELETE  
NAME ABRAMS, JIM  
STREET ADDRESS 271 LESLIE LN  
CITY-ST-ZIP LAKE MARY FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD ☐ Change ☒ Addition  
1.2 NAME GALLAGHER, SANDRA  
1.3 STREET ADDRESS 278 LESLIE LN  
1.4 CITY-ST-ZIP LAKE MARY FL 32746

2.1 TITLE PD ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE D ☐ Change ☒ Addition  
4.2 NAME CRUMP, AL  
4.3 STREET ADDRESS 314 LESLIE LN  
4.4 CITY-ST-ZIP LAKE MARY FL 32746

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

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

14. I 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 12/98

CR2E037 (1097)