


FILE NOW: FILING FEE IS \$61.25

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Apr 19, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44179

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
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/28/1991	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3079707	
24 Country		29 Country		30 Country	
				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	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD XX DELETE	1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALLAGHER, SANDRA	1.2 NAME	NICKLESS, MIKE
STREET ADDRESS	278 LESLIE LN	1.3 STREET ADDRESS	323 LESLIE LANE
CITY-ST-ZIP	LAKE MARY FL 32746	1.4 CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLACKWELDER, ELLIOT	2.2 NAME	VANN, TRACIE
STREET ADDRESS	277 LESLIE LANE	2.3 STREET ADDRESS	245 MEADOW BAY COURT
CITY-ST-ZIP	LAKE MARY FL	2.4 CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	D XX Change <input type="checkbox"/> Addition
NAME	PALMER, MORRIS	3.2 NAME	
STREET ADDRESS	259 LESLIE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUMP, AL	4.2 NAME	
STREET ADDRESS	314 LESLIE LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32746	4.4 CITY-ST-ZIP	
TITLE	D XX DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABRAMS, JIM	5.2 NAME	SALTMARSH, TOM
STREET ADDRESS	271 LESLIE LN	5.3 STREET ADDRESS	218 LESLIE LANE
CITY-ST-ZIP	LAKE MARY FL	5.4 CITY-ST-ZIP	LAKE MARY, FL 32746
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 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)