

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90103 047 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000001699**

1. Corporation Name

**MEADOWBROOK PARK HOMEOWNERS ASSOCIATION INC.**

Principal Place of Business  
**3801 NEW TAMPA HIGHWAY  
LAKELAND FL 33801**

Mailing Address  
**3801 NEW TAMPA HIGHWAY  
LAKELAND FL 33801**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**04/16/1993**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JONES, ALBERT R  
121 TODD STREET  
LAKELAND FL 33801**

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 **P.** ☒ DELETE  
NAME **LAURELL, THOMAS**  
STREET ADDRESS **31 HILL ST**  
CITY-ST-ZIP **LAKELAND FL**

1.1 TITLE **P** ☒ Change ☐ Addition  
1.2 NAME **ROBERT WAGNER**  
1.3 STREET ADDRESS **196 GOBER ST.**  
1.4 CITY-ST-ZIP **LAKELAND, FL. 33815**

TITLE **P** ☒ DELETE  
NAME **COOKE, VERN**  
STREET ADDRESS **133 TODD ST**  
CITY-ST-ZIP **LAKELAND FL**

2.1 TITLE **P** ☒ Change ☐ Addition  
2.2 NAME **LIONEL TREMBLAY**  
2.3 STREET ADDRESS **34 Hill St.**  
2.4 CITY-ST-ZIP **LAKELAND, FL. 33815**

TITLE **D** ☒ DELETE  
NAME **GAUNT, DALE**  
STREET ADDRESS **155 COLETON ST**  
CITY-ST-ZIP **LAKELAND FL**

3.1 TITLE **D** ☒ Change ☐ Addition  
3.2 NAME **LEONARD WINISKI**  
3.3 STREET ADDRESS **195 GOBER ST.**  
3.4 CITY-ST-ZIP **LAKELAND, FL. 33815**

TITLE **D** ☒ DELETE  
NAME **WILLEY, JOE**  
STREET ADDRESS **150 COLETON ST**  
CITY-ST-ZIP **LAKELAND FL**

4.1 TITLE **D.** ☒ Change ☐ Addition  
4.2 NAME **DELLA SPRINGSTEEN**  
4.3 STREET ADDRESS **158 COLTON ST.**  
4.4 CITY-ST-ZIP **LAKELAND, FL. 33815**

TITLE **S** ☒ DELETE  
NAME **JONES, PATRICIA E**  
STREET ADDRESS **121 TODD ST**  
CITY-ST-ZIP **LAKELAND FL**

5.1 TITLE **S** ☒ Change ☐ Addition  
5.2 NAME **MARION WAGNER**  
5.3 STREET ADDRESS **196 GOBER ST.**  
5.4 CITY-ST-ZIP **LAKELAND, FL. 33815**

TITLE **D** ☒ DELETE  
NAME **BENSON, HELEN**  
STREET ADDRESS **134 TODD ST**  
CITY-ST-ZIP **LAKELAND FL**

6.1 TITLE **D** ☒ Change ☐ Addition  
6.2 NAME **BARB ULATOWSKI**  
6.3 STREET ADDRESS **114 Todd St.**  
6.4 CITY-ST-ZIP **LAKELAND, FL. 33815**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**ALBERT R. JONES TREAS 3/14/99**

**941-688-7391**

CR2E037 (11/98)