



2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N93000001699 1. Entity Name MEADOWBROOK PARK HOMEOWNERS ASSOCIATION INC.						FILED 04 DEC -9 PM 3: 33 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3801 NEW TAMPA HIGHWAY LAKELAND, FL 33807				Mailing Address 3801 NEW TAMPA HIGHWAY LAKELAND, FL 33315			
2. Principal Place of Business		3. Mailing Address				11042004 REIN-NP CR2E099 (6/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HENRY, KATHRYN J 65 PRITCHARD STREET LAKELAND, FL 33815				Name JoAnn Glass Street Address (P.O. Box Number is Not Acceptable) 168 Casbar St. City Lakeland FL Zip Code 33815			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE JoAnn Glass - Treasurer <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 11/4/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HATFIELD, ROGER 129 TODD ST LAKELAND, FL 33815	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORWIN, BARBARA 74 PRITCHARD ST LAKELAND, FL 33815	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	100042636781 11/10/04--01048--001 **\$1.25 TREASURER JoAnn Glass 168 Casbar St. Lakeland, FL 33815 TRADER, DONELL 147 COTTON ST. LAKELAND, FL 33815	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'BRIEN, BARBARA 48 PRITCHARD ST LAKELAND, FL 33815	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HITCH, SAM 197 GOBER ST LAKELAND, FL 33815	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FROEBEL, GENE 69 PRITCHARD LAKELAND, FL 33815	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORWIN, BARBARA 74 PRITCHARD LAKELAND, FL 33815	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ULATOWSKI, BARBARA 114 TODD ST LAKELAND, FL 33815	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: JoAnn Glass <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 11/4/04 (863) 687-3650 <small>Date Daytime Phone #</small>			