

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002797 (9)

1. Corporation Name

MONROE MEADOWS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

108 ROBIN RD.
ALTAMONTE SPRINGS FL 32701

108 ROBIN RD.
ALTAMONTE SPRINGS FL 32701

3. Date Incorporated or Qualified
06/16/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 139 Kelly Circle

26 139 Kelly Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 Sanford FL

27 City & State
28 Sanford FL

24 Zip
32773

25 Country
USA

29 Zip
32773

30 Country
USA

4. FEI Number
59-3235923

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, WILLIAM R
108 ROBIN RD.
ALTAMONTE SPRINGS FL 32701

81 Name Ty Ostreicher

82 Street Address (P.O. Box Number is Not Acceptable)
154 Kelly Circle

83

84 City Sanford

85 FL

Zip Code 32773

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 provisions 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 reissuing)

DATE

Ty Ostreicher Ty Ostreicher President MMHOA

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP DELETE
NAME MILLER, WILLIAM R
STREET ADDRESS 108 ROBIN RD.
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

1.1 TITLE DP Change Addition
1.2 NAME Ty Ostreicher
1.3 STREET ADDRESS 154 Kelly Circle
1.4 CITY-ST-ZIP Sanford FL 32773

TITLE DST DELETE
NAME MILLER, DONNA G
STREET ADDRESS 108 ROBIN RD.
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

2.1 TITLE DV Change Addition
2.2 NAME Teri Russell
2.3 STREET ADDRESS 131 Kelly Circle
2.4 CITY-ST-ZIP Sanford FL 32773

TITLE DV DELETE
NAME OSWALD, KENNETH F
STREET ADDRESS 600 COURTLAND ST., SUITE 110
CITY-ST-ZIP ORLANDO FL 32804

3.1 TITLE DT Change Addition
3.2 NAME Gary Arngquist
3.3 STREET ADDRESS 144 Kelly Circle
3.4 CITY-ST-ZIP Sanford FL 32773

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE DS Change Addition
4.2 NAME Korry Ziemer
4.3 STREET ADDRESS 124 Kelly Circle
4.4 CITY-ST-ZIP Sanford FL 32773

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE D Change Addition
5.2 NAME Ann Merritt
5.3 STREET ADDRESS 206 Kelly Circle
5.4 CITY-ST-ZIP Sanford FL 32773

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ty Ostreicher Ty Ostreicher

3-21-96 (407) 330-6800

Date

Daytime Phone #

CR2E037 (12/95)