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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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: 139 KELLY CIRCLE, SANFORD FL 32773, US
Mailing Address: 139 KELLY CIRCLE, SANFORD FL 32773-7342, US

3. Date Incorporated or Qualified: 06/16/1993
3a. Date of Last Report: 03/28/1996

2. Principal Place of Business (21-24):
21. Suite, Apt #, etc.
22. City & State
23. Zip
24. Country

4. FEI Number: 59-3235923
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:
OSTREICHER, TY
154 KELLY CIRCLE
SANFORD FL 32773

10. Name and Address of New Registered Agent:
81. Name: CATHY QUEEN
82. Street Address (P.O. Box Number is Not Acceptable): 106 KELLY CIRCLE
83.
84. City: SANFORD, FL
85. 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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Cathy Queen* 1/9/97
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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
DP	OSTREICHER, TY	154 KELLEY CIRCLE	SANFORD FL	<input checked="" type="checkbox"/>
DV	RUSSELL, TERI	131 KELLY CIRCLE	SANFORD FL	<input checked="" type="checkbox"/>
DT	ARNGUIST, GARY	144 KELLY CIRCLE	SANFORD FL	<input checked="" type="checkbox"/>
DS	EIEME, KORRY	124 KELLY CIRCLE	SANFORD FL	<input checked="" type="checkbox"/>
D	MERITT, ANN	206 KELLY CIRCLE	SANFORD FL	<input checked="" type="checkbox"/>
				<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
P/D	BERT RUMMEL	102 MORRISON AVE	SANFORD FL 32773	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V/D	STEVE MCCLAIN	103 MORRISON AVE	SANFORD FL 32773	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T/D; S/D	CATHY QUEEN	106 KELLY CIRCLE	SANFORD FL 32773	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	BEVERLY BROUGHTON	102 KELLY CIRCLE	SANFORD FL 32772	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	STEVE ALLY	182 KELLY CIRCLE	SANFORD FL 32772	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	LORI COHEN	128 KELLY CIRCLE	SANFORD FL 32773	<input type="checkbox"/>	<input checked="" type="checkbox"/>

14. I do 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: *Cathy Queen* 1/9/97 (407) 321-7264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0014761

CR2E037 (9/96)