


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Aug 09, 1999 8:00 am**  
**Secretary of State**

08-09-1999 90003 004 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000002797**

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 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>06/16/1993</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-3235923</b>
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RUSSELL, TERI 131 KELLY CIRCLE SANFORD FL 32773		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLOW, DAMON	1.2 NAME	
STREET ADDRESS	105 MORRISON AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32773	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LERCH, DAVID	2.2 NAME	
STREET ADDRESS	104 LITTLE FOX AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32773	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, KELLY	3.2 NAME	
STREET ADDRESS	100 MADDEN AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32773	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUTZKE, ALAN (LUKE)	4.2 NAME	
STREET ADDRESS	100 MORRISON AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32773	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSIDY, DAWAINE	5.2 NAME	
STREET ADDRESS	102 LITTLE FOX AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32773	5.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, TERI	6.2 NAME	
STREET ADDRESS	131 KELLY CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32773	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 REQUIRED** 8/2/99 (407) 423-3441 x301  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

0001139  
CR2E037 (5/99)