

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N93000004780 (3)**  
1. Corporation Name  
**MEADOWBROOK PARK OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**410 LEE BOULEVARD  
LEHIGH ACRES FL 33936  
US**

Mailing Address  
**410 LEE BOULEVARD  
LEHIGH ACRES FL 33936  
US**

3. Date Incorporated or Qualified  
**10/18/1993**

3a. Date of Last Report  
**07/03/1995**

4. FEI Number  
**65-0445485**

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

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

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29

9. Name and Address of Current Registered Agent  
**PELZER, GERHARD  
410 LEE BLVD  
LEHIGH FL 33936**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 agent 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PELZER, GERHARD	
STREET ADDRESS	817 JEFFERSON AVE	
CITY-ST-ZIP	LEHIGH FL 33936	
TITLE	<del>VD</del>	<del><input type="checkbox"/> DELETE</del>
NAME	<del>DEAN, LEE</del>	
STREET ADDRESS	<del>1412 RIVER RD</del>	
CITY-ST-ZIP	<del>FT. MYERS FL 33905</del>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SHIRK, KIMBERLY	
STREET ADDRESS	15755 CORAL VINE LANE	
CITY-ST-ZIP	FT. MYERS FL 33905	
TITLE	Vice	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Kimberly Shirk	
STREET ADDRESS	15755 Coral Vine Lane	
CITY-ST-ZIP	Fort Myers, FL 33905	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Gerhard Pelzer	
STREET ADDRESS	817 Jefferson Ave	
CITY-ST-ZIP	Lehigh, FL 33936	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gerhard Pelzer	
1.3 STREET ADDRESS	817 Jefferson Ave	
1.4 CITY-ST-ZIP	Lehigh Acres, FL 33936	
2.1 TITLE	<del>Delete Lee Dean</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kimberly Shirk	
3.3 STREET ADDRESS	15755 Coral Vine Lane	
3.4 CITY-ST-ZIP	Fort Myers, FL 33905	
4.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gerhard Pelzer	
4.3 STREET ADDRESS	817 Jefferson Ave	
4.4 CITY-ST-ZIP	Lehigh Acres, FL 33936	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Melanie Schmidt	
5.3 STREET ADDRESS	544 Foxcreek Drive	
5.4 CITY-ST-ZIP	Lehigh Acres, FL 33936	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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  
**Gerhard Pelzer**

Date: **4/29/96**  
Daytime Phone #: **941-388-2211**

CR2E037 (12/95)