

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 12 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 10/18/1993
4. FEI Number 65-0445485
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 101 Joel Blvd Suite, Apt. #, etc. 22 Suite 103 City & State 23 Lehigh Acres, FL Zip 24 33972	2a. Mailing Address 28 P.O. Box 546 Suite, Apt. #, etc. 27 City & State 28 Lehigh Acres, FL Zip 29 33970	Country 25 US	Country 30 USA
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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 **Gerhard Pelzer**
 82 Street Address (P.O. Box Number is Not Acceptable)
817 Jefferson Avenue
 83
 84 City **Lehigh Acres** **FL** 85 Zip Code **33972**

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 **Gerhard Pelzer** DATE **7/13/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PELZER, GERHARD 817 JEFFERSON AVE LEHIGH FL 33936	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMIDT, MELANIE 544 FOXCREEK DRIVE LEHIGH ACRES FL 33936	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD SHIRK, KIMBERLY 15755 CORAL VINE LANE FT. MYERS FL 33905	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	J TAMMY SINDT 3309 18th St SW Lehigh, FL 33971	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.
 SIGNATURE **Kimberly Shirk Kimberly Shirk** DATE **7/13/98** Daytime Phone # **941-368-2211**
Signature, typed or printed name of signing officer or director

CR2E037 (5/98)