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**Mar 14, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000004780**

1. Corporation Name

**MEADOWBROOK PARK OWNERS' ASSOCIATION, INC.**

Principal Place of Business

201 JOEL BLVD  
SUITE 103  
LEHIGH ACRES FL 33972  
US

Mailing Address

P.O. BOX 546  
LEHIGH ACRES FL 33970  
US



2. Principal Place of Business

21 **950 N. Collier Blvd.**

2a. Mailing Address

26 **950 N. Collier Blvd.**

Suite, Apt. #, etc.

22 **Suite 301**

Suite, Apt. #, etc.

27 **Suite 301**

City & State

23 **Marco Island, FL**

City & State

28 **Marco Island, FL**

Zip

24 **34145**

Country

25 **US**

Zip

29 **34145**

Country

30 **U.S.**

3. Date Incorporated or Qualified

**10/18/1993**

4. FEI Number

**65-0445485**

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

9. Name and Address of Current Registered Agent

**PELZER, GERHARD  
817 JEFFERSON AVE  
LEHIGH FL 33972**

10. Name and Address of New Registered Agent

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

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 **PD** ☐ DELETE  
NAME **PELZER, GERHARD**  
STREET ADDRESS **817 JEFFERSON AVE**  
CITY-ST-ZIP **LEHIGH FL 33936**

TITLE **D** ☐ DELETE  
NAME **SINDT, TAMMY**  
STREET ADDRESS **3209 12TH STREET SW**  
CITY-ST-ZIP **LEHIGH ACRES FL 33971**

TITLE **SVD** ☐ DELETE  
NAME **SHIRK, KIMBERLY**  
STREET ADDRESS **15755 CORAL VINE LANE**  
CITY-ST-ZIP **FT. MYERS FL 33905**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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

☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)