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

03-14-1999 90027 005 \*\*\*\*61.25

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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 # 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
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2. Principal Place of Business 21 <b>950 N. Collier Blvd.</b>	2a. Mailing Address 26 <b>950 N. Collier Blvd.</b>	3. Date Incorporated or Qualified <b>10/18/1993</b>
Suite, Apt. #, etc. 22 <b>Suite 301</b>	Suite, Apt. #, etc. 27 <b>Suite 301</b>	4. FEI Number <b>65-0445485</b>
City & State 23 <b>Marco Island, FL</b>	City & State 28 <b>Marco Island, FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip Country 24 <b>34145</b> 25 <b>US</b>	Zip Country 29 <b>34145</b> 30 <b>U.S.</b>	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 <b>PELZER, GERHARD</b> <b>817 JEFFERSON AVE</b> <b>LEHIGH FL 33972</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>PELZER, GERHARD</b> <b>817 JEFFERSON AVE</b> <b>LEHIGH FL 33936</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SINDT, TAMMY</b> <b>3209 12TH STREET SW</b> <b>LEHIGH ACRES FL 33971</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVD</b> <b>SHIRK, KIMBERLY</b> <b>15755 CORAL VINE LANE</b> <b>FT. MYERS FL 33905</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE: *Kimberly Shirk* **Kimberly Shirk** 3/9/99 941-642-2288  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)