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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # N93000004800

1. Corporation Name

MEADOWBROOK, UNIT 6, HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business / Mailing Address

3. Date Incorporated or Qualified: 10/25/93	3a. Date of Last Report:
2. Principal Place of Business (21):	2a. Mailing Address (26): % KRM Management Inc.
Suite, Apt. #, etc. (22):	Suite, Apt. #, etc. (27): 431 Waverly Road
City & State (23):	City & State (28): Tallahassee FL
Zip (24): / Country (25):	Zip (29): 32312 / Country (30): LEON
4. FEI Number: 59-3174318	☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Don Lee Isaacs

82 Street Address (P.O. Box Number is Not Acceptable): KRM Management, Inc.

83: 431 Waverly Road

84 City: Tallahassee FL 85 Zip Code: 32312

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: _____ Don Lee Isaacs 4/29/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P.D. ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Stoumbelis, Peter N.	12 NAME	300002164713---3
STREET ADDRESS	2439 Bosswood Lane	13 STREET ADDRESS	-05/02/97--01153--002
CITY-ST-ZIP	Tallahassee FL 32308	14 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	S.P. ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Bocciole, Joseph	22 NAME	
STREET ADDRESS	2427 Bosswood Lane	23 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee FL 32308	24 CITY-ST-ZIP	
TITLE	T.D. ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	Kjergaard, Jerry	32 NAME	
STREET ADDRESS	2423 Bosswood Lane	33 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee FL 32308	34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	A. Allen
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	5/1/97 ☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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: Pete Stoumbelis Pete Stoumbelis 4/29/97 (904)531-0627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #