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May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N93000004800 (9)

1. Corporation Name

MEADOWBROOK, UNIT 6, HOMEOWNERS' ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
~~500-A CAPITAL CIRCLE, S.E.~~ ~~TALLAHASSEE FL 32301~~	C/O KRM MANAGEMENT INC. 431 WAVERLY ROAD TALLAHASSEE FL 32312

3. Date Incorporated or Qualified: 10/25/1993

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 KRM Management Inc	26
Suite, Apt. #, etc. 22 431 Waverly Rd	Suite, Apt. #, etc. 27
City & State 23 Tallahassee	City & State 28
Zip 24 32312	Country 25 USA
Zip 29	Country 30

9. Name and Address of Current Registered Agent

ISAACS, DAN L
C/O KRM MANAGEMENT INC.
431 WAVERLY ROAD
TALLAHASSEE FL 32312

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	STOUMBELIS, PETER		1.2 NAME	Richard Dempsey	
STREET ADDRESS	2439 BASSWOOD LANE		1.3 STREET ADDRESS	2432 Beauty Berry Ct	
CITY-ST-ZIP	TALLAHASSEE FL 32308		1.4 CITY-ST-ZIP	Tallahassee FL 32308	
TITLE	SP	☒ DELETE	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	BROCCIOLE, JOSEPH		2.2 NAME	Linda Pate Collins	
STREET ADDRESS	2427 BASSWOOD LANE		2.3 STREET ADDRESS	2431 Basswood Drive	
CITY-ST-ZIP	TALLAHASSEE FL 32308		2.4 CITY-ST-ZIP	Tallahassee FL 32308	
TITLE	TOD	☒ DELETE	3.1 TITLE	VSD	☐ Change ☒ Addition
NAME	KJERGAERD, JERRY H		3.2 NAME	Mary Register	
STREET ADDRESS	2423 BASSWOOD LANE		3.3 STREET ADDRESS	2420 Basswood Dr	
CITY-ST-ZIP	TALLAHASSEE FL 32308		3.4 CITY-ST-ZIP	Tallahassee FL 32308	
TITLE		☐ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME			4.2 NAME	Judy Bennett	
STREET ADDRESS			4.3 STREET ADDRESS	2419 Basswood	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Tall FL 32308	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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.

SIGNATURE: Richard Dempsey VP/D 05/03/1998