FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

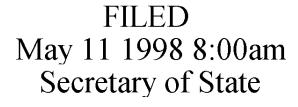
Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

N93000004800 (9)

MEADOWBROOK, UNIT 6, HOMEOWNERS' ASSOCIATION, IN





Principal Plac	pal Place of Business Mailing Address					T SOOKEIDE BID SEIDE EILIT DOITH OUTLY DOITH OUTLY DOITH OUTLY DIGHT TOUT TOUT				
TALLAHASSEE FL 32901 C/O KRM MANAGEMENT INC. TALLAHASSEE FL 32901 431 WAVERLY ROAD TALLAHASSEE FL 32312					3. Date Incorporated or Qualified 10/25/1993					
						4. FEI Number	,		plied For	
2. Principal Place of Business / 2a. Mailing Address						<u>59-3174318</u>			t Applicable	
27 KRM Management /PC 28						5. Certificate of Status Desired		3.75 / Fee Re	Additional equired	
Suite, Apt. #, etc. 22					.,	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution				
City & State City & State						7. Is this nonprofit corporation a homeowners association?				
Zip					8. This corporation owes or has paid the current year Intangible					
24 323/2			30			Personal Property Tax due June 30.	☐ Yes		No	
	9. Name and Address of Current	negistered Agent	8	1	Name	10. Name and Address of New Registe	rea Agent	<u>. </u>		
ICAACC	DANI		Ľ	<u>'</u>						
ISAACS, DAN L C/O KRM MANAGEMENT INC.				2	Street Addres	ss (P.O. Box Number is Not Acceptable)				
431 WAVERLY ROAD				3					·	
TALLAHASSEE FL 32312				L						
			8-	4 (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 supported 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 algebrature required when reinstating) DATE										
12.	OFFICERS AND		13.		178	ADDITIONS/CHANGES TO OFFICERS				
TITLE	PD STOUMBEUS DETER	DELETE	1.1 TITLE		Rich	1.17	L G	hange	Addition	
NAME OTRET ARRESON	\$TOUMBELIS, PETER 2439 BASSWOOD LANE		1.2 NAME		1.7					
STREET ADDRESS	TALLAHASSEE FL 32308		1.3 STREE			11 1 2000				
CITY-ST-ZIP TITLE	8.6		1.4 CITY - 2.1 TITLE		71P [a]	Michasire FL 32308	☐ CI	hanas	Addition	
NAME	BROOKINE LOSEDIL				الإق	1. Q1. C/C		nange	(24) Addition	
STREET ADDRESS	A4AT RAGGINGGO AANE		2.2 NAME	2 NAME LIA da Date (0/1/06) 3 STREET ADDRESS 243/ Bassovad Diùc						
CITY-ST-ZIP	TALLAUROCEE EL GOGGO					11 susce F/ 32308				
TITLE			2. 4 CITY 3.1 TITLE				Пс	hange	X Addition	
NAME	KIEDO LEDO LEDOVILI		3.2 NAME		Obs.	y Ragister,		жиус	ובאן אטטוווטוו	
STREET ADDRESS	2423 BASSWOOD LANE		3.3 STREE		DBESS OF 12	BASS WOOD DY			İ	
CITY-ST-ZIP	TALLAHASSEE FL 32308		3.4. CITY-			Milwage Fl 32301	7			
TITLE		☐ DELETÉ	4.1 TITLE		")	CI	hange	Addition	
NAME			4. 2 NAMI	E		ο. 4	_	•		
STREET ADDRESS			4.3 STREE	T AD	ORESS OUT	G Denne				
CITY-ST-ZIP			4.4 CITY		27	19 Bossward 32308				
TITLE		DELETE	5.1 TITLE		·····		☐ CI	hange	Addition	
NAME			5.2 NAME					7	<u> </u>	
STREET ADDRESS			5.3 STREE	T AD	DRESS			0	5-11	
CITY-ST-ZIP			5.4 CiTY-	ST- Z	(IP				2011	
TITLE		DELETE	6.1 TITLE			2000000		nange	Addition	
NAME		•	6.2 NAME			-0000065187			İ	
STREET ADDRESS			6.3 STREE	T AD	DRESS	2000025187 -05/11/9801085 ***61.25	31P			
CITY-ST-ZIP			6.4 CITY-	ST-Z	MP .					

I hereby certify that the information supplied with this filling 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 of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in