

FILE NOW: FILING FEE IS \$61.25

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Jun 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005621 (7)**

1. Corporation Name

MEARES MEADOWS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 4840 PINEBREEZE BLVD. CALLAHAN FL 32011 US	Mailing Address 4840 PINEBREEZE BLVD. CALLAHAN FL 32011 US
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3. Date Incorporated or Qualified 11/15/1994
4. FEI Number NOT APPLICABLE
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
CATUNG, SHELIA R. 4840 PINEBREEZE BLVD. CALLAHAN FL 32011	

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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 *Shelia R. Catung* (NOTE: Registered Agent signature required when reinstating) DATE **05-22-98**

12. OFFICERS AND DIRECTORS	
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	WOODHAM, NEELY
STREET ADDRESS	4904 PINE BREEZE BLVD.
CITY-ST-ZIP	CALLAHAN FL
TITLE	DVP <input type="checkbox"/> DELETE
NAME	MADDOX, RANDY
STREET ADDRESS	RT. 5, BOX 3290
CITY-ST-ZIP	CALLAHAN FL
TITLE	DST <input type="checkbox"/> DELETE
NAME	CATUNG, SHELIA
STREET ADDRESS	4840 PINE BREEZE BLVD.
CITY-ST-ZIP	CALLAHAN FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '98	
1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Maddox, Randy
1.3 STREET ADDRESS	Rt. 5 Box 3290
1.4 CITY-ST-ZIP	Callahan FL. 32011
2.1 TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Louis, Kaleel
2.3 STREET ADDRESS	4860 Pine Breeze Blvd
2.4 CITY-ST-ZIP	Callahan FL. 32011
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	60000255386
5.3 STREET ADDRESS	-06/09/98--01094--018
5.4 CITY-ST-ZIP	***61.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 *Shelia R. Catung* DATE **05-22-98**

CR2E037 (10/97)