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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005621

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



2. Principal Place of Business

21 4933 Pine Breeze Blvd
Suite, Apt. #, etc.

2a. Mailing Address

26 4933 Pine Breeze Blvd
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

11/15/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

81 Name **Rhonda Maddox**

82 Street Address (P.O. Box Number is Not Acceptable)

4933 Pine Breeze Blvd

83

84 City **Callahan**

FL

85 Zip Code
32011

9. Name and Address of Current Registered Agent

CATLING, SHELIA R.
4840 PINEBREEZE BLVD.
CALLAHAN FL 32011

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 **Rhonda Maddox**

Rhonda Maddox

3-18-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE
NAME **DP**
STREET ADDRESS **MADDOX, RANDY**
CITY-ST-ZIP **RT 5 BOX 3290**
CALLAHAN FL 32011

TITLE
NAME **DVP**
STREET ADDRESS **KALEEL, LOUIS**
CITY-ST-ZIP **4860 PINEBREEZE BLVD.**
CALLAHAN FL 32011

TITLE
NAME **DST**
STREET ADDRESS **CATLING, SHELIA**
CITY-ST-ZIP **4840 PINE BREEZE BLVD.**
CALLAHAN FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **DST**
3.3 STREET ADDRESS **Maddox Rhonda**
3.4 CITY-ST-ZIP **4933 Pine Breeze Blvd**
Callahan FL 32011

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Rhonda Maddox

3-18-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)