

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000003472 (6)

1. Corporation Name

MEADOW LANDS HOMEOWNERS ORGANIZATION, INC.



Principal Place of Business

Mailing Address

P O BOX 424
ANTHONY FL 32617-0524

P O BOX 424
ANTHONY FL 32617-0524

3. Date Incorporated or Qualified **07/24/1995** 3a. Date of Last Report

21	2. Principal Place of Business P.O. Box 1453	2a. Mailing Address P.O. Box 1453	4. FEI Number 59-3340990	Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 32617-1453	Country	29	Zip 32617-1453
25	Country	30	Country	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	

**KENDZIORA, LORELEI V
11750 NE 14TH AVE
ANTHONY FL 32617**

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	D <input type="checkbox"/> DELETE	1.1 TITLE	D, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENDZIORA, LORELEI V	1.2 NAME	
STREET ADDRESS	11750 NE 14TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ANTHONY FL 32617	1.4 CITY-ST-ZIP	32617-9876
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D, P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRIGHT, DEAN	2.2 NAME	Constantino, Vittorio
STREET ADDRESS	880 NE 120TH ST	2.3 STREET ADDRESS	P.O. Box 524 N/A
CITY-ST-ZIP	OCALA FL 34479	2.4 CITY-ST-ZIP	Anthony, FL 32617-0524
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D, VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHIOTA, THOMAS A	3.2 NAME	Harris, Ronald
STREET ADDRESS	P O BOX 4709 N/A	3.3 STREET ADDRESS	11650 N. Magnolia Ave.
CITY-ST-ZIP	OCALA FL 34478	3.4 CITY-ST-ZIP	OCALA, FL 34475-1009
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D, S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Mertins, Janelle
STREET ADDRESS		4.3 STREET ADDRESS	714 N.W. 114th St.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	OCALA, FL 34475-1026
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Henning, Wm. Clark
STREET ADDRESS		5.3 STREET ADDRESS	12049 N.E. 8th Ct.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	OCALA, FL 34479-1046
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Lorelei V. Kendziora

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96 352-732-5601

Date

Daytime Phone #

CR2E037 (12/95)