

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 31 1997 8:00am
 Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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 P.O. BOX 1453 ANTHONY FL 2617-453 US | Mailing Address P.O. BOX 1453 ANTHONY FL 2617-453 US |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 07/24/1995 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 59-3340990 | Applied For <input type="checkbox"/> Not Applicable |
| 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 |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip 32617-1453 25 Country | 29 Zip 32617-1453 30 Country |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) 11760 N.E. 14th Avenue |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | DT <input type="checkbox"/> DELETE |
| NAME | KENDZIORA, LORELEI V |
| STREET ADDRESS | 11750 NE 14TH AVE |
| CITY-ST-ZIP | ANTHONY FL 32617-9576 |
| TITLE | DP <input type="checkbox"/> DELETE |
| NAME | CONSTANTINO, VITTORIO |
| STREET ADDRESS | P.O. BOX 524 N/A |
| CITY-ST-ZIP | ANTHONY FL 32617-0524 |
| TITLE | DVP <input type="checkbox"/> DELETE |
| NAME | HARRIS, RONALD |
| STREET ADDRESS | 11850 N. MAGNOLIA AVE. |
| CITY-ST-ZIP | OCALA FL 34475-1009 |
| TITLE | DS <input checked="" type="checkbox"/> DELETE |
| NAME | MERTINS, JANELLE |
| STREET ADDRESS | 714 N.W. 114TH ST. |
| CITY-ST-ZIP | OCALA FL 34475-1028 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | HENNING, WM. CLARK |
| STREET ADDRESS | 12049 NE 8TH CT. |
| CITY-ST-ZIP | OCALA FL 34479-1046 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 11760 N.E. 14th Avenue |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 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 | DS <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | MOHR, JOE |
| 4.3 STREET ADDRESS | 801 N.E. 117th STREET |
| 4.4 CITY-ST-ZIP | OCALA, FL 34479 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | FORD, LAUREN |
| 6.3 STREET ADDRESS | 12009 N.E. 8th Court |
| 6.4 CITY-ST-ZIP | OCALA, FL 34479 |

14. I do 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 _____ SIGNATURE REQUIRED _____

CR2E037 (4/97)