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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **N95000003472**

1. Corporation Name

MEADOW LANDS HOMEOWNERS ORGANIZATION, INC.

Principal Place of Business

P.O. BOX 1453
 ANTHONY FL 32617-1453
 US

Mailing Address

P.O. BOX 1453
 ANTHONY FL 32617-1453
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

3. Date Incorporated or Qualified

07/24/1995

4. FEI Number

59-3340990

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

KENDZIORA, LORELEI V
11760 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)

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

TITLE **DT** DELETE
 NAME **KENDZIORA, LORELEI V**
 STREET ADDRESS **11760 NE 14TH AVE**
 CITY-ST-ZIP **ANTHONY FL**

TITLE **D** DELETE
 NAME **CONSTANTINO, VITTORIO**
 STREET ADDRESS **P.O. BOX 524 N/A**
 CITY-ST-ZIP **ANTHONY FL 32617-0524**

TITLE **DVP** DELETE
 NAME **HARRIS, RONALD**
 STREET ADDRESS **11650 N. MAGNOLIA AVE.**
 CITY-ST-ZIP **OCALA FL 34475-1009**

TITLE **DS** DELETE
 NAME **MOHR, JOE**
 STREET ADDRESS **801 NE 117TH ST**
 CITY-ST-ZIP **OCALA FL**

TITLE **D** DELETE
 NAME **HENNING, WM. CLARK**
 STREET ADDRESS **12049 NE 8TH CT.**
 CITY-ST-ZIP **OCALA FL 34479-1046**

TITLE **DP** DELETE
 NAME **FORD, LAUREEN**
 STREET ADDRESS **12009 NE 8TH COURT**
 CITY-ST-ZIP **OCALA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **07/24/1995** Change Addition
 1.2 NAME
 1.3 STREET ADDRESS **59-3340990**
 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
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

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 **07/24/1995**

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

Kendziora, Lorelei V

1/20/99

352-732-5601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (1/98)