

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 # N95000004540 (9)

1. Corporation Name

SIERRA PINES/MEADOWBROOK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**18005 EAGLE LANE
LUTZ FL 33549**

Mailing Address

**18005 EAGLE LANE
LUTZ FL 33549**



3. Date incorporated or Qualified
09/22/1995

3a. Date of Last Report
NA

2. Principal Place of Business

2a. Mailing Address

21 **P.O. Box 1622**

26 **P.O. Box 1622**

4. FEI Number

59-3335902

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23 **Lutz, FL**

City & State

28 **Lutz, FL**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24 **33548**

Country

25 **Hillsborough**

Zip

29 **33549**

Country

30 **Hillsborough**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

81 Name

Teri Ippolito

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

17540 DRIFTWOOD LN.

83

84 City

Lutz

FL

85 Zip Code

33549

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

Teri Ippolito **TERI IPPOLITO - PRESIDENT**

5-1-96

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **IPPOLITO, TERI G**
STREET ADDRESS **18005 EAGLE LANE**
CITY-ST-ZIP **LUTZ FL 33549**

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

TITLE **V** ☐ DELETE
NAME **CLARK, VERNA R**
STREET ADDRESS **18005 EAGLE LANE**
CITY-ST-ZIP **LUTZ FL 33549**

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

TITLE **S** ☐ DELETE
NAME **LANG, ALEX**
STREET ADDRESS **18005 EAGLE LANE**
CITY-ST-ZIP **LUTZ FL 33549**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **PADGETT, LARRY G**
STREET ADDRESS **18005 EAGLE LANE**
CITY-ST-ZIP **LUTZ FL 33549**

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

TITLE **D** ☐ DELETE
NAME **BURGESS, CATHERINE A**
STREET ADDRESS **18005 EAGLE LANE**
CITY-ST-ZIP **LUTZ FL 33549**

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

TITLE **D** ☐ DELETE
NAME **REEVES, NEAL**
STREET ADDRESS **18005 EAGLE LANE**
CITY-ST-ZIP **LUTZ FL 33549**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Teri Ippolito

TERI IPPOLITO

5-1-96

813-948-2494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)