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 REINSTATI) 236.29 !36.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF

Sandra B. Mirtham

Secretary of state **DIVISION OF CORPORATIONS**

DOCUMENT # N96000001349 (7)

MEADOWLAKE AT SUMMERFIELD FACILITIES ASSOCIATION , INC.

Principal Place of Business

Mailing Address

for the last

97 OCT 24 AM 8: 48

SECRETARY OF STATE TALLAMASSEE FLORIDA



311 PARK PLACE BLVD. CLEARWATER FL 34619 CLEARWATER FL 34619											
VCD/WINITE I	2 01010	OCCUMENTAL LE MOIS			L	D	O NOT WRITE	IN THIS SPAC	Æ		
						3. Date Incorporate 03/12/1996		3a. Date of	Last Re	port	
2. Principal P	lece of Business 6. Hetcher Ave.	2a. Malling Address	<u> </u>	Δ.	_	4. FEI Number				olied For	
Suite, Apt.		26 824 _ J e	tcher	Huc					_	Applicable	
22		27				Certificate of Stat	us Desired		5.75 A Fee Re	dditional quired	
City & State 23 Jan	pa, Horida	City & State	FL	•		Election Campaig Trust Fund Contri			5.00 to		
^{Zip} 33(ola Country	Zip 33612	Counti	s boso	البدر.	B. This corporation of	•				
9. Name and Address of Current Registered Agent						Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent					
******			81	Name		IO, Italio and Addit	oo or non no	Jistorou Agerr	•		
ZACHAIL IIIIIIQ I											
JOHNSON BLAKELY POPE BOKOR RUPPEL BURNS P.						(P.O. Box Number is	Not Acceptable	Θ)			
911 CHESTNUT STREET											
CLEARWATER FL 34616											
OCD THE	AIGIT L OTO IO		84	City				FL 85	Zip C	ode	
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 .											
12.	Signature, typed or printed name of registered agent a OFFICERS AND I			oni signalure	e required w	hen reinstaling)	OFO TO OFFICE	DATE	-07000		
TITLE	PD	DELETE	13.		k" ii	ADDITIONS/CHAN			CTORS	Addition	
NAME	BUSH, WILLIAM A	(E) bearing	1,2 NAME		2611	linger, John	\cap ι	. —	nanyo	ES MOULIUIT	
STREET ADDRESS	311 PARK PLACE BLVD. #600		1	T ADDRESS	311	Park Olace	- Blu∂.∓	<i>16</i> 00		1 N	
CITY-ST-ZIP	CLEARWATER FL 34619				Clar	Park Place	2 3x401	9		ן טץ	
TITLE	VD	☐ DELETE	1.4 CITY- 2.1 TITLE	51-ZIF	LIE	11 was 1 1 1	7, 0701		hambe	Addition	
NAME	MILLER, FRANCINE		2.2 NAME	**************************************	TO THE	· 100	9023	3037 70116			
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CITY-ST-ZIP	CLEARWATER FL 34619			ST-ZIP			*****61	。 <i>と</i> つ キキリ	***6	1.25	
TITLE	DD	DELETE	3.1 TITLE		Mar	I so to and		Пс	hange	Addition	
NAME	SELLINGER, JOHN	•	3.2 NAME	* *	in Oil	tin, Janet	.01 4				
STREET ADDRESS	311 PARK PLACE BLVD. #600		3.3 STREE	T ADDRESS	311	Park Place	oludi.	4600			
CITY-ST-ZIP	CLEARWATER FL 34619		3.4. C(TY-			arwaten 1	4. 346	19		/T2	
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NAME			6.2 NAME						\cap		
STREET ADDRESS			6.3 STREE	ADDRESS				U	\mathcal{N}		
CITY-ST-ZIP			ON CITY-						7		
14. I do hereby certify that the information supplied with this filing does not obelify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report and accurate and that my signature shall have the same legal effect as if made under oath; that is man officer or director of the corporation of the receiver of trusted appears in Block 12 or Block 3 if changid, on on an attach upint with an address.											