

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001349 (7)**

1. Corporation Name

**MEADOWLAKE AT SUMMERFIELD FACILITIES ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**824 E. FLETCHER AVE  
TAMPA FL 33612**

**824 E. FLETCHER AVE  
TAMPA FL 33612**



3. Date Incorporated or Qualified

**03/12/1996**

4. FEI Number **59-3367828**

Applied For

**APPLIED FOR**

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 7001 Temple Terrace Hwy**  
Suite, Apt. #, etc.

**26 7001 Temple Terrace Hwy**  
Suite, Apt. #, etc.

23. State

**23 Temple Terrace**

Zip

**24 33637**

Country

**25 Hillsborough**

27. City & State

**27 Temple Terrace**

Zip

**29 33637**

Country

**30 Hillsborough**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZACHAU, JULIUS J  
JOHNSON BLAKELY POPE BOKOR RUPPEL BURNS P.  
911 CHESTNUT STREET  
CLEARWATER FL 34616**

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 **PD** ☐ DELETE

NAME **SELLINGER, JOHN**  
STREET ADDRESS **311 PARK PLACE BLVD. #800**  
CITY-ST-ZIP **CLEARWATER FL 34619**

1.1 TITLE **STD** ☒ Change ☒ Addition

1.2 NAME **RON BROWN**  
1.3 STREET ADDRESS **311 PARK PLACE BLVD. SUITE 600**  
1.4 CITY-ST-ZIP **CLEARWATER, FL 34619**

TITLE **VD** ☐ DELETE

NAME **MILLER, FRANCINE**  
STREET ADDRESS **311 PARK PLACE BLVD. #800**  
CITY-ST-ZIP **CLEARWATER FL 34619**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **STD** ☒ DELETE

NAME **MARTIN, JANET**  
STREET ADDRESS **311 PARK PLACE BLVD. #800**  
CITY-ST-ZIP **CLEARWATER FL 34619**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE **400002436084** ☐ Change ☐ Addition

6.2 NAME **-02/20/98--01014--026**  
6.3 STREET ADDRESS **\*\*\*245.00**  
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.

SIGNATURE

CR2E037 (10/97)