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Mar 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005990 (4)

1. Corporation Name

MEADOWBROOK ESTATES HOMEOWNERS ASSOCIATION OF PA
SCO COUNTY, INC.

Principal Place of Business

Mailing Address

17350 RIVERSTONE DRIVE
LUTZ FL 3354917350 RIVERSTONE DRIVE
LUTZ FL 33549-52373. Date Incorporated or Qualified
11/20/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 P.O. Box 915

22 City & State

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

25 33549 30 PASCO

4. FEI Number

Applied For

59-3412549

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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

SCHALCK, WILLIAM F
17350 RIVERSTONE DRIVE
LUTZ FL 33549

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 D DELETE
NAME SCHALCK, WILLIAM F
STREET ADDRESS 17350 RIVERSTONE DRIVE
CITY-ST-ZIP LUTZ FL 335491.1 TITLE P/D Change
1.2 NAME SCHALCK, WILLIAM F
1.3 STREET ADDRESS 17350 RIVERSTONE DRIVE
1.4 CITY-ST-ZIP LUTZ FL 33549TITLE D DELETE
NAME MCDONALD, RICK
STREET ADDRESS 17345 RIVERSTONE DRIVE
CITY-ST-ZIP LUTZ FL 335492.1 TITLE VP/D Change
2.2 NAME MCDONALD, RICK
2.3 STREET ADDRESS 17345 RIVERSTONE DRIVE
2.4 CITY-ST-ZIP LUTZ FL 33549TITLE D DELETE
NAME SALLOT, ROBERT
STREET ADDRESS 17292 RAIN TREE ROAD
CITY-ST-ZIP LUTZ FL 335493.1 TITLE S/D
3.2 NAME MCDONALD, ALECIA Change
3.3 STREET ADDRESS 17345 RIVERSTONE DRIVE
3.4 CITY-ST-ZIP LUTZ FL 33549TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE T/D
4.2 NAME SCHALCK, LINDA
4.3 STREET ADDRESS 17350 RIVERSTONE DRIVE
4.4 CITY-ST-ZIP LUTZ FL 33549TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *William F. Schalck* WILLIAM F. SCHALCK 2-19-97 813 920 6777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)