Lakel, ew Professional Center 21859 State Road 54, Suite 200 • Lutz, Florida 13549 TIMOTHY O. HAYES Telephone 813/949-6525 • Fax 813/949-6433

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Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Meadowbrook Estates Homeowners Association of Pasco County, Inc.

Dear Sir or Madam:

Enclosed for filing please find the original and one copy of the Articles of Incorporation for the above corporation, along with a check in the amount \$70.00 for the filing fee.

Sincerely yours,

DEBRAH D. MAYWORTH

Legal Assistant

HAYES & ASSOCIATES, P.A.

21859 State Road 54, Suite 200

Lutz, Florida 33549

(813) 949-6525

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### ARTICLES OF INCORPORATION

OF

### MEADOWBROOK ESTATES HOMEOWNRRS ASSOCIATION OF PASCO COUNTY, INC.

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TALLARS SECTIONS.

The undersigned, acting as incorporator of a corporation not for profit pursuant to Chapter 617, Florida Statutes, adopts the following Articles of Incorporation:

### ARTICLE I - NAME

The name of this corporation shall be MEADOWBROOK ESTATES HOMEOWNERS ASSOCIATION OF PASCO COUNTY, INC.

# ARTICLE II - PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal place of business and the mailing address of this corporation shall be:

17350 Riverstone Drive Lutz, Florida 33549

#### ARTICLE III - PURPOSE

The specific purpose for which the corporation is organized is: to engage as a corporation not for profit in protecting the value of the property of the members of the association, to exercise all of the powers and privileges and perform all of the duties and obligations of the association as defined and set forth in the Declaration of Covenants, Conditions, Restrictions, and Easements of the association, and to engage in such other lawful activities as may be to the mutual benefit of the members and their property.

# ARTICLE IV - MANNER OF ELECTION OF DIRECTORS

This manner in which the directors are elected or appointed

shall be stated in the bylaws of the corporation.

## ARTICLE V - LIMITATION OF CORPORATE POWERS

The corporate powers of this corporation are as provided in Section 617.0302, Florida Statutes.

# ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The name and the street address of the initial registered agent is:

WILLIAM F. SCHALCK 17350 Riverstone Drive Lutz, Florida 33549

# ARTICLE VII - MEMBERS

The qualifications for members and the manner of their admission shall be as set forth in the bylaws of the corporation.

# ARTICLE VIII - FIRST BOARD OF DIRECTORS AND OFFICERS

The name and address of the members of the first Board of Directors, all of whom shall hold office until their successors are duly elected and qualified, are as follows:

WILLIAM F. SCHALCK - Director 17350 Riverstone Drive Lutz, Florida 33549

RICK McDONALD - Director 17345 Riverstone Drive Lutz, Florida 33549

ROBERT SALLOT - Director 17292 Raintree Road Lutz, Florida 33549

### ARTICLE IX - INCORPORATORS

The name and address of the incorporator of this corporation is as follows:

WILLIAM F. SCHALCK 17350 Riverstone Drive Lutz, Florida 33549 The undersigned incorporator has hereunto executed these Articles of Incorporation this  $\frac{8}{8}$  day of November, 1996.

Clie & Scholch
WILLIAM F. SCHALCK

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida:

- 1. The name of the corporation is:

  MEADOWBROOK ESTATED HOMEOWNERS
  ASSOCIATION OF PASCO COUNTY, INC.
- 2. The name and address of the registered agent and office is:

WILLIAM F. SCHALCK 17350 Riverstone Drive Lutz, Florida 33549

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE CICLE: + Alsolche
WILLIAM F. SCHALCK, Director

DATE NOVAMBER 18, 1996

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