

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00.

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S65948

1. Corporation Name

MEADOWOOD UTILITIES COMPANY

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified
7/15/1991

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 c/o Taylor Woodrow Communities c/o Taylor Woodrow Communities

4. FEI Number
65-0283217

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 7120 S. Beneva Road

27 7120 S. Beneva Road

City & State

City & State

23 Sarasota, FL

28 Sarasota, FL

Zip

Country

Zip

Country

24 34238

25 USA

29 34238

30 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for interlocking tax under S. 119.032
Florida Statutes ☒ Yes

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAYLOR WOODROW HOMES FLORIDA INC,
7120 S. Beneva Road
SARASOTA, FL 34238

81 Name

82 Street Address (P.O. Box)

83

7120 S. Beneva Road

84 City

Sarasota,

FL

85 Zip Code

34238

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Print Name and Address of Registered Agent)

3/28/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

1. TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

2. TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

3. TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John R. Peshkin

100001774611
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***400.00

3/28/96 941-427-0999

SG 4-9-96

CR2E034 (12/95)