## **2000 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with

## **FILED** DOCUMENT # 728481 Mar 03, 2000 8:00 am 1. Entity Name **Secretary of State** THE MEADOWS CONDOMINIUM ASSOCIATION, INC. 03-03-2000 90012 042 \*\*\*\*61.25 Principal Place of Business Mailing Address 377 SW 56TH AVENUE 377 SW 56TH AVENUE MARGATE FL 33068-1835 MARGATE FL 33068 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1532044 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) POLIFKAFF, GARY A EMMERALD LAKE COPORATE PARK 3111 STIRLING RD : Zip Code FT. LAUDERDALE FL 33312 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE . (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. XX Addition CR2E037 (9/99 TITLE ☐ Delete TITLE D NAME HARTMAN, RICHARD J. NAME ERNEST VECCHIONE STREET ADDRESS STREET ADDRESS 5641 SW 2 CT 5661 SW 2 CT CITY-ST-ZIP CITY-ST-ZIF MARGATE FL <u>MARGATE FL</u> **X** Addition Change TITLE VPD ☐ Delete TITLE D NAME NAME ANDUJAR, JOSE J.C. GAUDETTE STREET ADDRESS STREET ADDRESS 375 SW 56TH AVE 109 375 SW 56th AVE CITY-ST-ZIP CITY-ST-ZIP MARGATE FL MARGATE FL Change XX Addition TITLE TD ☐ Delete TITLE D LAVOIE, RAYMOND NAME ROMEO LEDUC STREET ADDRESS STREET ADDRESS **5680 SW 3 PLACE** 5660 SW 3rdPLACE CITY-ST-7IP CITY-ST-ZIP MARGATE FL IARGATE\_ ☐ Addition Change SD ☐ Delete TITL F NAME NAME CORRENTI, CAROL STREET ADDRESS STREET ADDRESS 5640 S.W. 3RD PLACE 201 CITY-ST-ZIP CITY-ST-ZIP MARGATE FL Addition TITLE Change Telete TITLE NAME MAGLIOLA, IRMA **GASTON BOUDREAU** STREET ADDRESS STREET ADDRESS 5681 SW 2 CT 5881 SW 2 CT CITY-ST-ZIP CITY-ST-ZiP MARGATE FL <u>MARGATE\_FL</u> ☐ Delete TITLE ☐ Change Addition TITLE NAME CHARETTE, ANDRE NAME STREET ADDRESS STREET ADDRESS 5621:SW 2 CT 5 CITY-ST-ZIE CITY-ST-ZIP 11: MARGATE FL 12. 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 report or supplemental 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 10 or Block 11 if

KICHARD HARMONN