

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739758

1. Entity Name

MEED HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90085 020 ****70.00

Principal Place of Business

Mailing Address

3816 MATCH ROAD
LAKE WORTH FL 33467

3816 MATCH ROAD
LAKE WORTH FL 33467-2515

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2046155

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POSEN, DONALD E
3816 MATCH ROAD
LAKE WORTH FL 33467

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME POSEN, DONALD E
STREET ADDRESS 3816 MATCH ROAD
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Delete
NAME JORDAN, DONNA
STREET ADDRESS 3856 MATCH ROAD
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☐ Change ☒ Addition
NAME VPD
STREET ADDRESS MYRON BAIL
CITY-ST-ZIP 3845 MATCH ROAD
LAKE WORTH, FL 33467

TITLE TD ☐ Delete
NAME GOLDMAN, MARTIN S
STREET ADDRESS 3826 SERVICE COURT
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME BELTRANO, ESTHER
STREET ADDRESS 2815 SERVICE COURT
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☐ Change ☒ Addition
NAME SD
STREET ADDRESS COLEEN LACOSTA
CITY-ST-ZIP 7505 DEUCE LANE
LAKE WORTH, FL 33467

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00 561-439-4130

Date

Daytime Phone #

CR2E037 (9/99)