

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90157 029 ****70.00

DOCUMENT # 739758

1. Entity Name
MEED HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**3825 MEAD DRIVE SO
LAKE WORTH FL 33467**

Mailing Address
**3825 MEAD DRIVE SO
LAKE WORTH FL 33467**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

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**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**POSEN, DONALD E
3816 MATCH ROAD
LAKE WORTH FL 33467**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS **11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
PD	POSEN, DONALD E		
	3816 MATCH ROAD		
	LAKE WORTH FL 33467		
VD	BAIL, MYRON		
	3845 MATCH ROAD		
	LAKE WORTH FL 33467		
TD	GOLDMAN, MARTIN S		
	3826 SERVICE COURT		
	LAKE WORTH FL 33467		
SD	JOFFE, HARRY	SD	WILLIAMS, JOHN S.
	7548 DEUCE LANE		7501 AGE ROAD NORTH
	LAKE WORTH FL 33467		LAKE WORTH, FL 33467

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 information.

SIGNATURE: *Martin S. Goldman* **MARTIN S. GOLDMAN, TREASURER 3/17/03** **SD-439-4130**

CR2E037 (10/02)