

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748684

1. Entity Name

MEADOWBROOK HOMEOWNERS' ASSOCIATION, INC.

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91708 027 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O BONAFIDE MGMT GROUP, INC.
2050 CORAL WAY, SUITE #515
MIAMI FL 33145
US

C/O BONAFIDE MGMT GROUP, INC.
PO BOX 521458
MIAMI FL 32152
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2105478

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BONAFIDE MANAGEMENT GROUP, INC.
2050 CORAL WAY, SUITE #515
MIAMI FL 33145

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
NAME LOPEZ, IVONNE ☒ Delete
STREET ADDRESS 7237 SW 147 PLACE
CITY-ST-ZIP MIAMI FL 33193

TITLE SD
NAME TRIAS, MARY LOU ☐ Delete
STREET ADDRESS 14771 SW 72 TERRACE
CITY-ST-ZIP MIAMI FL 33193

TITLE TD
NAME ORWICK, ROBERT L ☒ Delete
STREET ADDRESS 7304 SW 148 COURT
CITY-ST-ZIP MIAMI FL 33193

TITLE D
NAME THOMAS JR, JACKIE L ☒ Delete
STREET ADDRESS 14760 SW 74 LANE
CITY-ST-ZIP MIAMI FL 33193

TITLE D
NAME CANAL, ADOLFO OTTO ☒ Delete
STREET ADDRESS 14776 SW 74 LN
CITY-ST-ZIP MIAMI FL 33193

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME ORWICK, ROBERT L. ☒ Change ☐ Addition
STREET ADDRESS 7304 SW 148 COURT
CITY-ST-ZIP MIAMI, FL. 33193

TITLE TD
NAME MAZORRA, GUSTAVO ☐ Change ☒ Addition
STREET ADDRESS 7410 SW 148 COURT
CITY-ST-ZIP MIAMI, FL. 33193

TITLE D
NAME THOMAS, PATRICIA ☐ Change ☒ Addition
STREET ADDRESS 14760 SW 74 LANE
CITY-ST-ZIP MIAMI, FL. 33193

TITLE D
NAME MAI, CARLOS ☐ Change ☒ Addition
STREET ADDRESS 14766 SW 74 LANE
CITY-ST-ZIP MIAMI, FL. 33193

TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)