

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90070 002 ****61.25

DOCUMENT # 755198

1. Entity Name

THE MEADOWS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1250 H CHENEY HIGHWAY
 TITUSVILLE FL 32780-6355

1250 H CHENEY HIGHWAY
 TITUSVILLE FL 32780-8917

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

59-2099212

Applied For

Not Applicable

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

BUCHANAN, ONNIE
1200-E CHENEY HWY
TITUSVILLE FL 32780

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	P	<input type="checkbox"/> Delete
NAME	BUCHANAN, ONNIE	
STREET ADDRESS	1200-E CHENEY HWY	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HOLMES, KATHY	
STREET ADDRESS	1260-B CHENEY HWY	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BREWSTER, MARGARET	
STREET ADDRESS	1140B CHENEY HWY	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALPAUGH, BERNICE	
STREET ADDRESS	1140 A CHENEY HWY	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GRISSOM, FRANK	
STREET ADDRESS	1140 G CHENEY HWY	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROLYN M. BOONE	
STREET ADDRESS	P.O. BOX 398 COCOA, FL 32923-0398	
CITY-ST-ZIP	1110 E CHENEY HWY TITUSVILLE, FL 32780	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROLYN M. BOONE	
STREET ADDRESS	P.O. BOX 398 COCOA, FL 32923-0398	
CITY-ST-ZIP	1110 E CHENEY HWY TITUSVILLE, FL 32780	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Onnie Buchanan* **BUCHANAN**

4/3/2000 321-267-2126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)