


6/16

06-16-2003 90136 036 \*\*\*\*61.25

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

<b>DOCUMENT # 755198</b>			
1. Entity Name <b>THE MEADOWS ASSOCIATION, INC.</b>			
Principal Place of Business 1250 H CHENEY HIGHWAY TITUSVILLE, FL 32780-6355		Mailing Address 1250 H CHENEY HIGHWAY TITUSVILLE, FL 32780-6355	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-2089212</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8. Fee Required <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>GRISHAM, FRANK 1250 H. CHENEY HWY TITUSVILLE, FL 32780</b>		7. Name and Address of New Registered Agent Name: <b>Juanita Davidson</b> Street Address (P.O. Box Number is OK if acceptable): <b>1250 H Cheney Hwy</b> City: <b>Titusville</b> FL Zip Code: <b>32780</b>	
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: <i>Juanita Davidson</i> DATE: <b>6/19/2003</b>			
FILE NOW! FREE IS 60126		B. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
TO: OFFICERS AND DIRECTORS		ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: TP NAME: GRICHAM, FRANK STREET ADDRESS: 1250 H CHENEY HWY CITY-STATE-ZIP: TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete	TITLE: President NAME: Juanita Davidson STREET ADDRESS: 1250 H. Cheney Hwy CITY-STATE-ZIP: Titusville, FL 32780	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TB NAME: WILLIAMS, GUANDA STREET ADDRESS: 1250 H. CHENEY HWY CITY-STATE-ZIP: TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete	TITLE: Vice Pres NAME: Frank Grisham STREET ADDRESS: 1250 H. Cheney Hwy CITY-STATE-ZIP: Titusville, FL 32780	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TT NAME: BOONE, CAROLYN M STREET ADDRESS: 1250 H. CHENEY HWY CITY-STATE-ZIP: TITUSVILLE, FL 32780	<input type="checkbox"/> Delete	TITLE: <b>→</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TV NAME: DAVIDSON-MORSE, JUANITA STREET ADDRESS: 1250 H. CHENEY HWY CITY-STATE-ZIP: TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete	TITLE: <b>→</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: O NAME: COPPOLA, JACK STREET ADDRESS: 1250 H. CHENEY HWY CITY-STATE-ZIP: TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete	TITLE: <b>→</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>→</b>	<input type="checkbox"/> Delete	TITLE: <b>→</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 affidavit, and all other like empowered.			
SIGNATURE: <i>Carolyn M. Boone</i> DATE: <b>6/19/2003</b>		321-2617-1456	
PRINT NAME AND TITLE OF CURRENT OR NEW OFFICER OR DIRECTOR <i>Carolyn M. Boone</i>		PRINT NAME AND TITLE OF NEW OFFICER OR DIRECTOR <i>Juanita Davidson</i>	

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CHECK HERE IF MAKING CHANGES

CFR20037 (1/01/02)