

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90062 050 ****61.25

0046079

DOCUMENT # 755426

1. Entity Name

MEADOWLARK COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 08062
 FT MYERS FL 33908

PO BOX 08062
 FT MYERS FL 33908
 US

2. Principal Place of Business

3. Mailing Address

10831 MEADOWLARK COVE
 Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

FORT MYERS

4. FEI Number

59-2121703

Applied For

Not Applicable

Zip **FL 33908**

Country **US**

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

SPRAGUE, JEAN G
10831 MEADOWLARK COVE DR
FT MYERS FL 33908

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

City **I** **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 *Jean G. Sprague* - **JEAN G. SPRAGUE**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

4-4-02
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	<input type="checkbox"/> Delete
NAME	SPRAGUE, JEAN	
STREET ADDRESS	10831	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BEESE, BRIAN	
STREET ADDRESS	8732 S. LAKE CR	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NOWAK, ERIK	
STREET ADDRESS	11946 QUAIL RUN DR	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RAGONESE, TONY	
STREET ADDRESS	10943 QUAIL RUN DR	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HOWELL, LILLIAN	
STREET ADDRESS	10801 MEADOWLARK COVE DRIVE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAMPONE, GLORIA	
STREET ADDRESS	7 PASCO DR.	
CITY-ST-ZIP	JOHNSTON RI 02919	

TITLE	SECY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLOTTE CHURCH	
STREET ADDRESS	11856 B. QUAIL RUN RD.	
CITY-ST-ZIP	FT. MYERS, FL 33908	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT HOEMKE	
STREET ADDRESS	11932 QUAIL RUN RD.	
CITY-ST-ZIP	FT. MYERS, FL 33908	
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: *Jean G. Sprague* **JEAN G. SPRAGUE** **4-4-02** (941) 437-1293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)