

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

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90101 006 ****61.25

DOCUMENT # **755426**

1. Entity Name
MEADOWLARK COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
10831 MEADOWLARK COVE **PO BOX 0062**
FORT MYERS FL 33908 **FT MYERS FL 33908**
US **US**

2. Principal Place of Business 3. Mailing Address
MEADOWLARK COVE **14020 PALM BCH BLVD**
Suite, Apt. #, etc. Suite, Apt. #, etc.
FT MYERS FL **FT MYERS FL 33905**



CHECK HERE IF MAKING CHANGES

City & State City & State 4. FEI Number **59-2121703** Applied For
FT MYERS FL **FT MYERS FL** Not Applicable
Zip **33908** Country **USA** Zip **33905** Country **USA**

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 **PRESTIGE MANAGEMENT, INC**
Street Address (P.O. Box Number is Not Acceptable)
14020 PALM BCH BLVD
City **FT MYERS** FL **33905**

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 **EDWARD L. MAROTI SR** **3-17-03**
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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SPRAGUE, JEAN	
STREET ADDRESS	10831	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BEESE, BRIAN	
STREET ADDRESS	8732 S. LAKE CR	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	NOWAK, ERIK	
STREET ADDRESS	11946 QUAIL RUN DR	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CHURCH, CHARLOTTE	
STREET ADDRESS	11856 QUAIL RUN ROAD	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOEMKE, ROBERT	
STREET ADDRESS	11932 QUAIL RUN ROAD	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAIRE WHEELER	
STREET ADDRESS	11012 QUAIL RUN DR.	
CITY-ST-ZIP	FT. MYERS, FL. 33908	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOE HARPER	
STREET ADDRESS	11802 QUAIL RUN DR.	
CITY-ST-ZIP	FT. MYERS, FL. 33908	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEN CONNELLY	
STREET ADDRESS	10811 MEADOWLARK COVE DR.	
CITY-ST-ZIP	FT. MYERS FL. 33908	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISA DEGIORGIO	
STREET ADDRESS	10907 MEADOWLARK COVE DR.	
CITY-ST-ZIP	FT. MYERS, FL. 33908	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT HOEMKE	
STREET ADDRESS	11932 QUAIL RUN DR	
CITY-ST-ZIP	FT. MYERS, FL. 33908	
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 an other like empowered.

SIGNATURE: **3-17-03 299-590-9815**

CR2E037 (10/02)