

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757065

1. Entity Name

MEADOWBROOK LAKES VIEW CONDOMINIUM ASSOCIATION "A" Inc.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90265 035 \*\*\*\*61.25

Principal Place of Business

315 SE 3 STREET  
 DANIA BEACH FL 33004

Mailing Address

315 SE 3 STREET  
 DANIA BEACH FL 33004-4011

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2166947

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DERING, BERNICE D  
 315 SE 3RD ST  
 DANIA FL 33004

*Please change to D. Bernice*

7. Name and Address of New Registered Agent

Name

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

City

Dania Beach

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

*D Bernice Dering*

*2/16/2000*

**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DERING, BERNICE D	
STREET ADDRESS	321 SE THIRD ST 102	
CITY-ST-ZIP	DANIA BCH FL 33004	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PIA, MARY ANN	
STREET ADDRESS	311 SE 3RD ST 207	
CITY-ST-ZIP	DANIA BEACH FL 33004	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MONE, PATRICK	
STREET ADDRESS	321 SE 3RD ST-106	
CITY-ST-ZIP	DANIA BEACH FL 33004	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KAHN, FLORENCE	
STREET ADDRESS	301 SE THIRD ST 209	
CITY-ST-ZIP	DANIA BEACH FL 33004	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEMROW, JOYCE	
STREET ADDRESS	311 SE THIRD ST 110	
CITY-ST-ZIP	DANIA BEACH FL 33004	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALBA, CHARLES	
STREET ADDRESS	301 SE 3RD ST #307	
CITY-ST-ZIP	DANIA BEACH FL 33004	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D. Bernice Dering	
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	Secretary Joyce Lemrow	
STREET ADDRESS	311 SE 3rd St. #110	
CITY-ST-ZIP	Dania Beach FL 33004	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director John Coleman	
STREET ADDRESS	301 SE 3rd St. #503	
CITY-ST-ZIP	Dania Beach FL 33004	
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)(l), 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

*(Signature)*

*2/16/2000 925-6208*

Date

Daytime Phone #

CR2E037 (9/99)