

2001 UNIFORM BUSINESS REPORT (UBR)

5K

FILED
May 24, 2001 8:00 am
Secretary of State

05-03-2001 90031 001 ****61.25

DOCUMENT # **757065**

1. Entity Name

MEADOWBROOK LAKES VIEW CONDOMINIUM ASSOCIATION "A", Inc

Principal Place of Business

Mailing Address

315 SE 3 STREET
 DANIA BEACH FL 33004

315 SE 3 STREET
 DANIA BEACH FL 33004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2166947

Applied For

Not Applicable

Zip

Country

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

Steven Sawyer

Name *Steven Sawyer*

Street Address (P.O. Box Number is Not Acceptable)
311 SE 3rd St #206

City *Dania Beach* FL Zip Code *33004*

~~DERING, D B~~
315 SE 3RD ST # 206
 DANIA BEACH FL 33004

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

Steven Sawyer

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	DB	<input type="checkbox"/> Delete
NAME	DERING, D B	
STREET ADDRESS	321 SE THIRD ST 102	
CITY-ST-ZIP	DANIA BCH FL 33004	
TITLE	VPD <i>S</i>	<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	S	<input checked="" type="checkbox"/> Delete
NAME	LEMROW, JOYCE	
STREET ADDRESS	311 SE 3RD ST #110	
CITY-ST-ZIP	DANIA BEACH FL 33004	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLEMAN, JOHN	
STREET ADDRESS	301 SE 3RD ST #503	
CITY-ST-ZIP	DANIA BEACH FL 33004	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALBA, CHARLES	
STREET ADDRESS	301 SE 3RD ST #307	
CITY-ST-ZIP	DANIA BEACH FL 33004	

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" 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	BT D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elizabeth Passero	
STREET ADDRESS	321 SE 3rd St #103	
CITY-ST-ZIP	Dania Beach FL 33004	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven Sawyer PD	
STREET ADDRESS	311 SE 3rd St #206	
CITY-ST-ZIP	Dania Beach FL 33004	

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:

Signature Required
D Bernice Dering (954) 925-6208
 Date *4/20/2001* Daytime Phone #

CR2E037 (10/00)