

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768297

1. Entity Name

MEADOW RIDGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 520634
LONGWOOD FL 32752

Mailing Address

P.O. BOX 520634
LONGWOOD FL 32752-0634

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

DYNDUL, MARIE
978 WILD FLOWER
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90013 019 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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 SD ☒ Delete
NAME NAGBE, LORRAINE
STREET ADDRESS 966 WILDFLOWER WAY
CITY-ST-ZIP LONGWOOD FL 32750

TITLE TD ☒ Delete
NAME UFL, MARY
STREET ADDRESS 962 WILD FLOWER
CITY-ST-ZIP LONGWOOD FL

TITLE PD ☐ Delete
NAME DYNDUL, MARIA
STREET ADDRESS 978 WILDFLOWER WAY
CITY-ST-ZIP LONGWOOD FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Secretary ☒ Change ☐ Addition
NAME Gloria Fulco
STREET ADDRESS 998 Wildflower Way
CITY-ST-ZIP Longwood FL 32750

TITLE Treasurer ☒ Change ☐ Addition
NAME Linda MEE
STREET ADDRESS 344 E Ridgewood St.
CITY-ST-ZIP Altamonte Sprgs FL 32701

TITLE Director ☐ Change ☒ Addition
NAME Cheryn Harnon
STREET ADDRESS 977 Wildflower Way
CITY-ST-ZIP Longwood FL 32750

TITLE Director ☐ Change ☒ Addition
NAME Dominic Fazzolare
STREET ADDRESS 2027 Spring Landing Blvd
CITY-ST-ZIP Longwood FL 32779

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Linda MEE Treasurer

3-6-00 (407) 7675643

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)