

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

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90072 006 \*\*\*\*61.25

**DOCUMENT # N06578**

1. Entity Name

**MCINTOSH MEADOWS ASSOCIATION, INC.**



Principal Place of Business  
**4264 PRAIRIE VIEW DR N  
SARASOTA FL 34232  
US**

Mailing Address  
**P O BOX 7118  
SARASOTA FL 34278-4116**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2486489**

Applied For

Not Applicable

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

**ANKERSTAR, KAREN  
4052 PRAIRIE VIEW DR.  
SARASOTA FL 34232**

Name **Joseph A. Jacco**

Street Address (P.O. Box Number is Not Acceptable)  
**4032 N. Prairie View Dr.**

City **Sarasota**

**FL**

Zip Code  
**34232**

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: *Joseph A. Jacco, President*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/29/03**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>ANKENSTER, KAREN<br/>4052 PRAIRIE VIEW DR.<br/>SARASOTA FL 34232</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>CLARK, SUSAN<br/>4228 PRAIRIE VIEW DR. N.<br/>SARASOTA FL 34232</b> <input type="checkbox"/> Delete              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>FICHTER, GERRY<br/>4192 PRAIRIE VIEW DR S<br/>SARASOTA FL 34232</b> <input checked="" type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>OSWALT, DALE<br/>4249 N PRAIRIE VIEW<br/>SARASOTA FL 34232</b> <input checked="" type="checkbox"/> Delete        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>BUCHANAN, MARY<br/>4081 PRAIRIE VIEW<br/>SARASOTA FL 34232</b> <input type="checkbox"/> Delete <i>Director</i>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>JACCO, JOE<br/>4032 PRAIRIE VIEW<br/>SARASOTA FL 34232</b> <input type="checkbox"/> Delete                       |

|                                                |                                                                                                                                                                                |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Treasurer<br/>Rochon, Barbara<br/>4140 S. Prairie View Dr.<br/>Sarasota, FL 34232</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Director<br/>Haydon Blaguer<br/>4249 S. Prairie View Dr.<br/>Sarasota, FL 34232</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>President &amp; Director<br/>Jacco, Joe<br/>4032 N. Prairie View Dr<br/>Sarasota, FL 34232</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Joseph A. Jacco, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)