

4.01 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N94000000962**

1. Entity Name

MEADOW LAKES AT BOCA RATON HOA

Principal Place of Business

1215 E. HILLSBORO BLVD.
DEERFIELD BEACH FL 33441
US

Mailing Address

1215 E. HILLSBORO BLVD.
DEERFIELD BEACH FL 33441
US

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

65-0491076

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

**CAMPBELL PROPERTY MGMT
1215 E HILLSBORO BLVD
DEERFIELD BEACH FL 33441**

Name

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

City

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

**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	P/D	<input checked="" type="checkbox"/> DELETE
NAME	KURKE, ROBERT H.	
STREET ADDRESS	23333 SUNVIEW WAY	
CITY-ST-ZIP	BOCA RATON, FL	
TITLE	VP/D	<input checked="" type="checkbox"/> DELETE
NAME	GABRIELE, MICHAEL	
STREET ADDRESS	10289 BROOMVILLE LANE	
CITY-ST-ZIP	BOCA RATON, FL	
TITLE	T/D	<input checked="" type="checkbox"/> DELETE
NAME	NEMETH, FRANCIS	
STREET ADDRESS	23405 SERENE MEADOW DR S	
CITY-ST-ZIP	BOCA RATON, FL	
TITLE	S/D	<input checked="" type="checkbox"/> DELETE
NAME	MIZZI, ROMEO	
STREET ADDRESS	23369 SERENE MEADOW DR S	
CITY-ST-ZIP	BOCA RATON, FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WINOCCOR, LARRY	
STREET ADDRESS	10343 COVE'NTY COURT	
CITY-ST-ZIP	BOCA RATON, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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
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CITY-ST-ZIP		
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90173 011 ****61.25

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

04/18/01

934-427-8770