

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **1094000000912**
 1. Entity Name **Meadow Lakes @ Boca Raton Homeowners' Association**

Principal Place of Business **4350 NW 19TH AVENUE STE C POMPAHO BEACH FL 33064**
 Mailing Address **410 RMC P.O. Box 97-0069 BOCA RATON FL 33497**

FILED

02 MAY 31 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04/11/02 90102-009 \$61.25

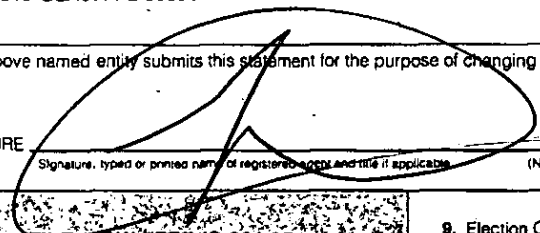
4. FEI Number **05-0491076** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PAHOMBI, GARY
4350 NW 19TH AVENUE STE C
POMPAHO BEACH FL 33064

7. Name and Address of New Registered Agent
 Name **GARY Palombi**
 Street Address (P.O. Box Number is Not Acceptable) **410 RMC**
4350 NW 19th Ave Ste C
 City **Pompano Beach** FL Zip Code **33064**

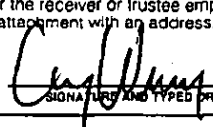
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE  (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	☒ Delete		TITLE	☒ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☒ Delete		TITLE	☒ Change ☐ Addition	
NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  4/1/02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)