

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90385 023 \*\*\*\*\*61.25

0070509

**DOCUMENT # N95000003472**

1. Entity Name

**MEADOW LANDS HOMEOWNERS ORGANIZATION, INC.**



Principal Place of Business

P.O. BOX 1453  
ANTHONY FL 32617-1453  
US

Mailing Address

P.O. BOX 1453  
ANTHONY FL 32617-1453  
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 **59-3340990**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CROTHERS, HOWARD E.**  
**1283 NE 120TH STREET**  
**OCALA FL 34479**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Howard Crothers*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/20/03**

**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

TITLE	DT	<input type="checkbox"/> Delete
NAME	CROTHERS, HOWARD	
STREET ADDRESS	1283 NE 120TH STREET	
CITY-ST-ZIP	OCALA FL 34479	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARRERAS, GILL	
STREET ADDRESS	99 NW 117TH STREET	
CITY-ST-ZIP	OCALA FL 34475	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMANN, KEN	
STREET ADDRESS	865 NE 122ND ST	
CITY-ST-ZIP	OCALA FL 34479	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CROTHERS, ANNA	
STREET ADDRESS	1283 NE 120TH ST	
CITY-ST-ZIP	OCALA FL 34479	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HENNING, WM. CLARK	
STREET ADDRESS	12049 NE 8TH CT.	
CITY-ST-ZIP	OCALA FL 34479-1046	
TITLE	DP	<input type="checkbox"/> Delete
NAME	FORD, LAUREEN	
STREET ADDRESS	12009 NE 8TH COURT	
CITY-ST-ZIP	OCALA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input 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	<input type="checkbox"/> Change <input 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	<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:

*Howard Crothers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/03**

**352-840-0112**

Date

Daytime Phone #

CR2E037 (10/02)