

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90737 040 ***61.25

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

DOCUMENT #

1. Entity Name

N96000004996

MEADOW LANDINGS HOMEOWNER'S ASSOCIATION

DO NOT WRITE IN THIS SPACE

80123360

2. Principal Place of Business

c/oMoran & Associates

Suite, Apt. #, etc.

12460 SW 8 St #202

City & State

Miami, FL 33184

Zip Country

3. Mailing Address

c/oMoran & Associates

Suite, Apt. #, etc.

12460 SW 8 St #202

City & State

Miami, FL 33184

Zip Country

4. FEI Number

65-0792828

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Moran & Associates, Inc.

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

12460 SW 8 Street

City

Miami

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

FEE IS \$61.25
Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Sondon, Mari
13948 SW 151 Ave, Miami 33196

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
Sierra, Elkin
14050 SW 151 Ct, Miami 3396

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Aguilar, Maria Garcia
14011 SW 151 Ct. Miami 33196

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Proenza, Julissa
13996 SW 150 Ct, Miami 33196

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Williams, Ninette
14026 SW 151 Ct, Miami 33196

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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 #

CR2E037B (12/01)