

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

04-17-2001 90128 038 ****61.25

DOCUMENT # N97000006219

1. Entity Name

MEADOWBROOK OF BONITA SPRINGS HOMEOWNERS ASSOCIA

Principal Place of Business

9200 BONITA BEACH ROAD, SUITE 204
BONITA SPRINGS FL 34135

Mailing Address

C/O WBG
27800 OLD 41 ROAD
BONITA SPRINGS FL 34135

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

59-3529391

Applied For

Not Applicable

5. Certificate of Status Desired

Input box

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

SPEAR, JOHN D
9200 BONITA BEACH ROAD, SUITE 204
BONITA SPRINGS FL 34135

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.

Input box

\$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

DP
MALPEL, JOHN C JR
105 GREENFIELD CT.
NAPLES FL 34110

Change Addition

DT
MALPEL, LYNNE
105 GREENFIELD CT.
NAPLES FL 34110

Change Addition

DS
SPEAR, JOHN D
9200 BONITA BEACH ROAD, SUITE 204
BONITA SPRINGS FL 34135

Change Addition

Blank entry

Change Addition

Blank entry

Change Addition

Blank entry

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes; I further certify that the information indicated on this report of 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 REQUIRED Malpeli 4/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)