

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

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

05-01-2003 90409 047 \*\*\*\*61.25

**DOCUMENT # N97000006219**

1. Entity Name  
**MEADOWBROOK OF BONITA SPRINGS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**% WGB SW FLORIDA INC.  
27800 OLD 41 ROAD  
BONITA SPRINGS FL 34135**

Mailing Address  
**3461 BONITA BAY BLVD  
#101  
BONITA SPRINGS FL 34134**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**% MELDON CONSULTANTS**

3. Mailing Address  
**% MELDON CONSULTANTS**

Suite, Apt. #, etc.  
**800 HARBOUR DRIVE**

Suite, Apt. #, etc.  
**800 HARBOUR DRIVE**

City & State  
**NAPLES, FL**

City & State  
**NAPLES, FL**

4. FEI Number **59-3529391**

Applied For  
Not Applicable

Zip  
**34103**

Country  
**USA**

Zip  
**34103**

Country  
**USA**

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

**SHIELDS, CHRISTOPHER J  
PAVESE, HAVERFIELD, DALTON, HARRISON & JENSON  
1833 HENDRY STREET  
FORT MYERS FL 33901**

Name  
**THOMAS E. MELDON**  
Street Address (P.O. Box Number is Not Acceptable)  
**800 HARBOUR DRIVE**

City  
**NAPLES** FL Zip Code  
**34103**

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 Thomas E. Melton

DATE 4/28/03

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP**  Delete  
NAME **MALPEL, JOHN C JR**  
STREET ADDRESS **105 GREENFIELD CT.**  
CITY-ST-ZIP **NAPLES FL 34110**

TITLE **PD**  Change  Addition  
NAME **WADE, GEORGE A.**  
STREET ADDRESS **23432 OLDE MEADOWBROOK CIRCLE**  
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE **DT**  Delete  
NAME **MALPEL, LYNNE**  
STREET ADDRESS **105 GREENFIELD CT.**  
CITY-ST-ZIP **NAPLES FL 34110**

TITLE **DVP**  Change  Addition  
NAME **PYNE, THOMAS**  
STREET ADDRESS **23433 SLASH PINA COURT**  
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE **DS**  Delete  
NAME **SPEAR, JOHN D**  
STREET ADDRESS **9200 BONITA BEACH ROAD, SUITE 204**  
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **DT**  Change  Addition  
NAME **LYNNOTT, BRIAN**  
STREET ADDRESS **23405 OLDE MEADOWBROOK CIRCLE**  
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DS**  Change  Addition  
NAME **QUINN, GEORGIANNA**  
STREET ADDRESS **23402 OLDE MEADOWBROOK CIRCLE**  
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DVP**  Change  Addition  
NAME **LUKAS, JAMES**  
STREET ADDRESS **4103 DAIKOW HOLLY COURT**  
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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: Georgianna Quinn

CR2E037 (10/02)