

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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90121 038 ****61.25

DOCUMENT # N98000002973

1. Entity Name

MEADOWS OF CITRUS COUNTY HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**10374 N. NATCHEZ LOOP
DUNNELLON FL 34434**

Mailing Address

**10374 N. NATCHEZ LOOP
DUNNELLON FL 34434**

2. Principal Place of Business

1795 N. Florida Ave

3. Mailing Address

1795 N. Florida Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hernando Florida

City & State

Hernando Florida

Zip

34442

Country

Zip

34442

Country

4. FEI Number **59-3551802**

Applied For

Not Applicable

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

**LAFOND, PAUL
10374 N. NATCHEZ LOOP
DUNNELLON FL 34434**

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

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	D	<input type="checkbox"/> Delete
NAME	LAFOND, PAUL	
STREET ADDRESS	10374 N. NATCHEZ LOOP	
CITY-ST-ZIP	DUNNELLON FL 34434	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAFOND, GERALD	
STREET ADDRESS	10374 N. NATCHEZ LOOP	
CITY-ST-ZIP	DUNNELLON FL 34434	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRAIG, ROBERT	
STREET ADDRESS	6620 WEST PELICAN LANE	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE REQUIRED

PAUL LAFOND 352-860-2041

CR2E037 (10/02)