

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004168

1. Entity Name

BAY MEADOW VILLAGE HOMEOWNERS ASSOCIATION, INC.

FILED

Feb 22, 2000 8:00 am  
Secretary of State

02-22-2000 90045 034 \*\*\*\*61.25

616567



DO NOT WRITE IN THIS SPACE

Principal Place of Business PROPERTY MANAGEMENT RESOURCES 4000 S. 57TH AVE., SUITE 101 LAKE WORTH FL 33463-4336 US	Mailing Address PROPERTY MANAGEMENT RESOURCES 4000 S. 57TH AVE., SUITE 101 LAKE WORTH FL 33463-4307 US
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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 65-0586836	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FLATOW, JERRY  
4000 S. 57TH AVE.  
SUITE 101  
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

Name: CAMPBELL PROP MGMT  
Street Address (P.O. Box Number is Not Acceptable): 5980 WINSTON TRAILS BLVD  
City: LK WORTH FL Zip Code: 33463

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]* DATE: 2/15/00  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOMMASION, JOYCE M. 6732 REMINGTON PLACE LAKE WORTH FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAMLIN, JACK 6161 ASTORIA DRIVE LAKE WORTH FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAUFHEIL, NORMAN 6708 REMINGTON PLACE LAKE WORTH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KENNEDY, CHERYL 6709 REMINGTON PL LAKE WORTH FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LURIE, WILLIAM B. 6692 BROOKHURST CIRCLE LAKE WORTH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERT MCKEAGUE 5980 WINSTON TRLS BLVD LK. WORTH, FL. 33463 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JACK FLEMING 5980 WINSTON TRLS BLVD LK. WORTH, FL. 33463 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHN MARCHISOTTO 5980 WINSTON TRLS BLVD LK. WORTH, FL 33463 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE: 2/15/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)