

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000186

1. Entity Name

THREE MEADOWS PHASE III HOMEOWNERS ASSOCIATION, *f*

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90004 049 ****61.25

Principal Place of Business

1211 WINDING MEADOWS RD
ROCKLEDGE FL 32955
US

Mailing Address

1211 WINDING MEADOWS DR
ROCKLEDGE FL 32955
US

ADD 10000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3232752

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROSEMARY SCHERER
1211 WINDING MEADOWS RD
ROCKLEDGE FL 32955

Name *GARY COLE*

Street Address (P.O. Box Number is Not Acceptable)
1247 Winding Meadows Rd

City *Rockledge* FL Zip Code *32955*

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 *Gary Cole*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9-6-00

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME ROSEMARY SCHERER
STREET ADDRESS 1211 WINDING MEADOWS RD
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE PD ☐ Change ☒ Addition
NAME *GARY COLE*
STREET ADDRESS *1247 Winding Meadows Rd*
CITY-ST-ZIP *Rockledge FL 32955*

TITLE SD ☒ Delete
NAME BERNARD ELA
STREET ADDRESS 1210 WALNUT GROVE WAY
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE SD ☐ Change ☒ Addition
NAME *DOV ELMORE*
STREET ADDRESS *1212 WALNUT GROVE WAY*
CITY-ST-ZIP *Rockledge FL 32955*

TITLE TD ☐ Delete
NAME MASSENGALE, MARIA
STREET ADDRESS 1251 WINDING MEADOWS RD
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME RILEY, JOHN
STREET ADDRESS 1209 WINDING MEADOW RD
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

GARY COLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-00

Date

(321) 476-2838

Daytime Phone #

CR2E037 (5/00)