

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

FILED
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90058 018 ****61.25

DOCUMENT # N00000007955

1. Entity Name

THE MEADOWS CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

870232

2. Principal Place of Business

809 FLORIDA STREET

Suite, Apt. #, etc.

APT #2

3. Mailing Address

PO BOX 333

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
KEY WEST FL

City & State
KEY WEST FL

4. FEI Number

65-1095903

Applied For

Not Applicable

Zip
33040

Country

Zip

33041-0333

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

BRUCE RITSON

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

RITSON & CO., PA

513 WHITEHEAD STREET

City

KEY WEST

FL

Zip Code

33040

**DO NOT WRITE
IN THIS SPACE**

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

BRUCE RITSON

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

06/04/2002

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

PTD GINNI SHORT
809 FLORIDA STREET #2
KEY WEST FL 33040

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

SD DAWN HUNTLEY
809 FLORIDA STREET #5
KEY WEST FL 33040

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

D DARLENE THOMAS
809 FLORIDA STREET #3
KEY WEST FL 33040

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

GINNI SHORT, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/04/2002

Date

305/923-5035

Daytime Phone #

CR2E037B (12/01)