

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90156 045 \*\*\*\*\*61.25

**DOCUMENT # N99000007361**

1. Entity Name

**MEADOW CREEK AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business

**2180 W SR 434 STE 5000  
LONGWOOD FL 32779**

Mailing Address

**2180 WEST SR 434  
SUITE 5000  
LONGWOOD FL 32779-5044**

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 **59-3647428**

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

**HART, JAMES W JR  
% SENTRY MANAGEMENT INC  
2180 W SR 434 STE 5000  
LONGWOOD FL 32779-5044**

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	PD	<input type="checkbox"/> Delete
NAME	CHASTAIN, JONNY JR	
STREET ADDRESS	2014 MEADOWS POND WAY	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	NICHOLSON, DONNA	
STREET ADDRESS	2030 MEADOWS POND WAY	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ALICEA, EVELYN	
STREET ADDRESS	2039 MEADOWS POND WAY	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MAUREEN DALY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1916 MEADOW POND WAY	
STREET ADDRESS	ORLANDO, FL 32824	
CITY-ST-ZIP		
TITLE	JUAN C. MONZON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1762 MANDEVILLA DR	
STREET ADDRESS	ORLANDO, FL 32824	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Jonny Chastain Jr* 3/20/03 (407) 846-6323

CR2E037 (10/02)