

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

0017676

DOCUMENT # 722380

1. Entity Name

MEADOWLEA IMPROVEMENT ASSOCIATION, INC.



FILED

04 MAR -3 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

#2 LEISURE DR.S.
DEBARY FL 32713-9741

#2 LEISURE DR.S.
DEBARY FL 32713-9741

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 03-04

4. FEI Number 59-1424875

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

KELLY, JAMES J
166 MAPLE DR
DEBARY FL 32713

Gertrude V DeSantis
161 Maple Dr
DeBary, FL 32713

Name ~~CAROLE PEARSON~~ Gertrude DeSantis
Street Address (P.O. Box Number is Not Acceptable)
~~#2 S. LEISURE WORLD DR~~
City DEBARY FL Zip Code 32713

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 Gertrude V DeSantis President DATE 2/28/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

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

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	GIAMPIETRO, FRANK	
STREET ADDRESS	126 PINE TREE DR	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BETTS, ROBERT	
STREET ADDRESS	173 MAPLE DR	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KELLY, JAMES J	
STREET ADDRESS	166 MAPLE DRIVE	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	EPRIGHT, MARH	
STREET ADDRESS	121 PINE TREE DR	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. REINSTATEMENT/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gertrude V DeSantis	
STREET ADDRESS	161 Maple Dr	
CITY-ST-ZIP	DeBary, FL 32713	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIAMPIETRO, FRANK	
STREET ADDRESS	126 PINE TREE DR	
CITY-ST-ZIP	DEBARY, FL 32713	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROLE PEARSON	
STREET ADDRESS	129 OAK TREE DR	
CITY-ST-ZIP	DEBARY, FL 32713	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY EPRIGHT	
STREET ADDRESS	121 PINE TREE DR	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORETTA DAWSON	
STREET ADDRESS	129 CYPRESS DR	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETCHEN KUNZER	
STREET ADDRESS	138 LEISURE WORLD A.	
CITY-ST-ZIP	DEBARY, FL 32713	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, changes.

SIGNATURE: DATE: Feb 24, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone # 853-9863

CR2E037 (4/03)