

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90113 009 ****61.25

DOCUMENT # 728481

1. Entity Name

THE MEADOWS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**377 SW 56TH AVENUE
MARGATE FL 33068**

**377 SW 56TH AVENUE
MARGATE FL 33068**

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

59-1532044

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

**POLIFKAFF, GARY A
EMERALD LAKE COPORATE PARK
3111 STIRLING RD
FT. LAUDERDALE FL 33312**

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.

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **PD HARTMAN, RICHARD J.**
STREET ADDRESS **5641 SW 2 CT**
CITY-ST-ZIP **MARGATE FL**

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

TITLE ☐ Delete
NAME **VPD ANDUJAR, JOSE**
STREET ADDRESS **375 SW 56TH AVE 109**
CITY-ST-ZIP **MARGATE FL**

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

TITLE ☐ Delete
NAME **TD LAVOIE, RAYMOND**
STREET ADDRESS **5680 SW 3 PLACE**
CITY-ST-ZIP **MARGATE FL**

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

TITLE ☐ Delete
NAME **SD CORRENTI, CAROL**
STREET ADDRESS **5640 S.W. 3RD PLACE 201**
CITY-ST-ZIP **MARGATE FL**

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

TITLE ☐ Delete
NAME **D BOUNDREAU, GASTON**
STREET ADDRESS **5681 SW 2 CT**
CITY-ST-ZIP **MARGATE FL**

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

TITLE ☒ Delete
NAME **D BEAULIEU, CHARLES**
STREET ADDRESS **5621 SW 2 CT 204**
CITY-ST-ZIP **MARGATE FL**

TITLE ☒ Change ☒ Addition
NAME **D LEDUC, ROMEO**
STREET ADDRESS **5640 SW 3RD PLACE #116**
CITY-ST-ZIP **MARGATE, FL**

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:

Richard J. Hartman
RICHARD J. HARTMAN

Date

Residence Phone #

1/15/02

CR2E037 (9/01)