

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731609

1. Entity Name

HIGHLAND MEADOWS ESTATES ASSOCIATION, INC.

Principal Place of Business

109 N.W. 53RD CT.
POMPANO BEACH FL 33064

Mailing Address

109 N.W. 53RD CT.
POMPANO BEACH FL 33064-2323

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

59-1860949

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MIELOCH, JOHN
134 NW 53RD CT
POMPANO BCH FL 33064

7. Name and Address of New Registered Agent

Name

JACK DAMONE

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

5358 NW 1st AVE

City

POMPANO BEACH

FL

Zip Code

33064

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

TITLE	S	ST GERMAIN, RENE	<input type="checkbox"/> Delete
STREET ADDRESS	5361 NW 1ST WAY		
CITY-ST-ZIP	POMPANO BCH FL 33064		
TITLE	T	STRIGHT, ROSELLA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	150 N.W. 52ND CT		
CITY-ST-ZIP	POMPANO BEACH FL 33064		
TITLE	D	PIRES, MANUEL	<input type="checkbox"/> Delete
STREET ADDRESS	119 N.W. 52ND CT		
CITY-ST-ZIP	POMPANO BEACH FL		
TITLE	D	NAVARRO, DAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	109 NW 53RD PLACE		
CITY-ST-ZIP	POMPANO BCH FL 33064		
TITLE	P	MIELOCH, JOHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	134 N.W. 53RD CT		
CITY-ST-ZIP	POMPANO BEACH FL 33064		
TITLE	D	DAMONE, JACK	<input type="checkbox"/> Delete
STREET ADDRESS	5358 BW 1ST AVENUE		
CITY-ST-ZIP	POMPANO BCH FL 33064		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIEL DRAGONE	
STREET ADDRESS	142 NW 52nd Ct.	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GWENDOLYN MORRIS	
STREET ADDRESS	164 N.W. 53rd. ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 16, 2000 8:00 am
Secretary of State

03-07-2000 90103 008 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)