

2001 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

2. Principal Place of Business

109 N.W. 53rd Ct.

3. Mailing Address

109 N.W. 53rd Ct.

4. Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach, Fl.

City & State

Pompano Beach, Fl.

4. FEI Number

59-1860949

Applied For

Not Applicable

Zip

33064

Country

Broward

Zip

33064

Country

Broward

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

Joseph E. Noetzel

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

132 N.W. 53rd St.

City

Pompano Beach

FL

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 Joseph E. Noetzel

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

(NOTE: Registered Agent signature required when reinstating)

7/6/01

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Joseph E. Noetzel 132 N.W. 53rd St., Pompano Bch. Fl., 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President John Mieloch 134 N.W. 53rd Ct. Pompano Beach, Fl. 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Rose Peck 153 N.W. 52nd Ct. Pompano Beach, Fl., 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Rosemary Baker 5317 N.W. 1st Way Pompano Beach, Fl. 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Russell Libbey 5355 N.W. 1st Way Pompano Beach, Fl. 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jacques Beauchamp 130 N.W. 52nd Ct. Pompano Beach, Fl., 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director	

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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-06-01 954-427-8953

FILED
Jul 13, 2001 8:00 am
Secretary of State

01-23-2001 90060 029 ****61.25

07-13-2001 90003 019 ****61.25

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DO NOT WRITE IN THIS SPACE

CP2037(5/01)