

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90054 023 ****61.25

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

NOETZEL, JOSEPH E
132 NW 53RD STREET
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

Libbey, Russell

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

5356 NW 1st Way

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

Russell Libbey, President

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

(NOTE: Registered Agent signature required when reinstating)

3/1/02

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	P	<input checked="" type="checkbox"/> Delete
NAME	NOETZEL, JOSEPH E	
STREET ADDRESS	132 NW 53RD STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MIELOCH, JOHN	
STREET ADDRESS	134 NW 53RD COURT	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	T	<input type="checkbox"/> Delete
NAME	PECK, ROSE	
STREET ADDRESS	153 NW 52ND CT	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BAKER, ROSEMARY	
STREET ADDRESS	5317 NW 1ST WAY	
CITY-ST-ZIP	POMPANO BCH FL 33064	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LIBBEY, RUSSELL	
STREET ADDRESS	5355 NW 1ST WAY	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEAUCHAMP, JACQUES	
STREET ADDRESS	130 NW 52ND CT	
CITY-ST-ZIP	POMPANO BCH FL 33064	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Libbey, Russell	
STREET ADDRESS	5356 NW 1st Way	
CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Baker, Rosemary	
STREET ADDRESS	5317 NW 1st Way	
CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bonneau, Tonina	
STREET ADDRESS	124 NW 52nd Court	
CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vanicek, Richard	
STREET ADDRESS	129 NW 51st Ct.	
CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNWIDDIE, BETSIE	
STREET ADDRESS	126 NW 51st Street	
CITY-ST-ZIP	Pompano Beach, FL 33064	

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:

Russell Libbey

3/1/02

954-725-4598

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)