

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737658

1. Entity Name

MEADOWLAKE CONDOMINIUM ASSOCIATION, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90155 012 ****61.25

Principal Place of Business

Mailing Address

5037 RINGWOOD MEADOW
 SARASOTA FL 34235
 US

5037 RINGWOOD MEADOW
 SARASOTA FL 34235-2035
 US

2. Principal Place of Business

5766 Bronx Avenue

3. Mailing Address

5766 Bronx Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

Suite A

City & State

City & State

Sarasota FL

Sarasota FL

Zip

Zip

34231

Country

USA

Country

USA

4. FEI Number

59-1749409

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

SIBOLE, REBECCA E
 4840 SUNDAY CT
 SARASOTA FL 34235

Name

Management Concepts

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

5766 Bronx Avenue

Suite A

City

Sarasota

FL

Zip Code

34231

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 PD ☐ Delete
 NAME SCHIMMEL, DONNA
 STREET ADDRESS 2845 SPRING LAKE CT
 CITY-ST-ZIP SARASOTA FL 34235

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

TITLE P ☐ Delete
 NAME PEARLMAN, ARLENE
 STREET ADDRESS 2755 HORSESHOE CT
 CITY-ST-ZIP SARASOTA FL

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

TITLE TD ☐ Delete
 NAME ABBOTT, MARGARET
 STREET ADDRESS 2633 GREENBELT YARD
 CITY-ST-ZIP SARASOTA FL 34235

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

TITLE D ☒ Delete
 NAME SKARBO, TOM
 STREET ADDRESS 2201 MEADOWLAKE
 CITY-ST-ZIP SARASOTA FL 34235

TITLE D ☐ Change ☒ Addition
 NAME L'Heureux, Brigitte
 STREET ADDRESS 2413 Crispin Ct
 CITY-ST-ZIP Sarasota FL 34235

TITLE SD ☒ Delete
 NAME GARDNER, ROSEANNE
 STREET ADDRESS 2467 CRISPIN CT
 CITY-ST-ZIP SARASOTA FL

TITLE VD ☐ Change ☒ Addition
 NAME Redford, Len
 STREET ADDRESS 2671 Greenbelt Yard
 CITY-ST-ZIP Sarasota FL 34235

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)