

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90159 019 ****61.25

DOCUMENT # 737658

1. Entity Name

MEADOWLAKE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2477 STICKNEY POINT ROAD
118A
SARASOTA FL 34231
US**

**2477 STICKNEY POINT ROAD
118A
SARASOTA FL 34231
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

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

**ARGUS PROPERTY MANAGEMENT
2477 STICKNEY POINT ROAD
118A
SARASOTA FL 34231**

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

MANAGER

(NOTE: Registered Agent signature required when reinstating)

2/26/02
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME **SD DONNA Schimmel**
STREET ADDRESS **2845 Springlake Ct.**
CITY-ST-ZIP **SARASOTA FL 34235**

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

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

TITLE ☐ 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 ☐ Delete
NAME **L'HEUREUX, BRIGETTE**
STREET ADDRESS **2413 CRISPIN CT**
CITY-ST-ZIP **SARASOTA FL 34235**

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

TITLE ☒ Delete
NAME **LOGAN, CONNIE**
STREET ADDRESS **2671 GREENBELT YARD**
CITY-ST-ZIP **SARASOTA FL 34235**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VD JOSEPH COLLINS**
STREET ADDRESS **2725 GLEBE FARM CLOSE**
CITY-ST-ZIP **SARASOTA FL 34235**

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]
Signature and typed or printed name of signing officer or director

3-4-02

941-377-1003

CR2E037 (9/01)