2000 UNIFORM BUSINESS REPORT (UBR)

Suite, Apt. #, etc.

City & State

DOCUMENT # 754842

Suite, Apt. #, etc.

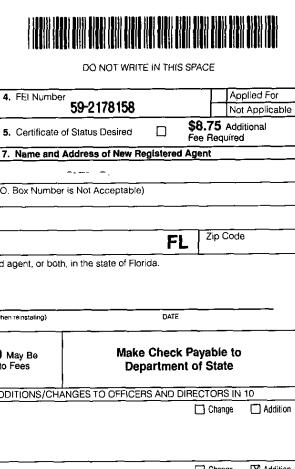
City & State

MEADOW KNOLL TOWNHOMES HOMEOWNERS ASSOCIATION, I

Principal Place of Business Mailing Address 1330 N W 13TH STREET UNIT #22 1330 N W 13TH STREET UNIT #22 80CA RATON FL 33486-2105 **BOCA RATON FL 33486** 3. Mailing Address 2. Principal Place of Business

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

05-16-2000 90070 019 ****61.25



| Zip | - | Country | Zip | c | Country | | 5. Certificate | of Status Desired | | 8.75 Add ee Required | | |
|---|-----------------------|---------------|--------------|------------|--|---|-----------------|-------------------|---|-------------------------|------------|--|
| 6. Name and Address of Current Registered Agent | | | | | | 7. Name and Address of New Registered Agent | | | | | | |
| | | | | | | Name | | | | | | |
| BEARD, PATRICIA | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| 1330 N.W. 13TH STREET #21 | | | | | | | | | | | | |
| BOCA RATON FL 33486 | | | | | City 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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) | | | | | | | | | DATE | | | |
| FILE NOW: 9. Election Campaign Fi FEE IS \$61.25 Trust Fund Contribution | | | | | ncing | Added to Fees Departmen | | | | t of State | | |
| 10. OFFICERS AND DIRECTORS 11 | | | | | 1. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | | |
| TITLE | TD | | ☐ Delete | II | ITLE | _ | | | | Change | ☐ Addition | |
| NAME | BEARD, PA | ATRICIA | | N/ | AME | | | | | | 1 | |
| STREET ADDRESS | 1330 N.W. | 13TH ST. #21 | | | Treet Address | | | | | | | |
| CITY-ST-ZIP | BOCA RAT | TON, FL 00000 | | C. | JTY-ST-ZIP | | | | | | | |
| TITLE | SD | | ☑ Delete | ŤI | ITLE | SD | | | | Change | Addition | |
| NAME | PILLING, C | CINDY | | N. | AME | Deb | by Dettm | ner | | | ļ | |
| STREET ADDRESS | 18 SE 4TH ST | | | | TREET ADDRESS | 1000 Hana 10th Street #11 | | | | | | |
| CITY-ST-ZIP | BOCA RATON FL 33432 | | C | ITY-ST-ZIP | Вос | a Raton, | <u> Florida</u> | <u> 33486</u> | | | | |
| TITLE | PD | * ** | → - 🖾 Delete | TI | ITLE [| PD | | • • | | ☐ Change | X Addition | |
| NAME | CHIPPAS, LINDA | | | | AME | | mas Brow | | | | Ì | |
| STREET ADDRESS | 1330 NW 13TH ST., #07 | | | | TREET ADDRESS | | • | th Stree | • | | } | |
| CITY-ST-ZIP | BOCA RAT | TON FL | | c | ITY-ST-ZIP | | <u>a Raton,</u> | <u> Florida</u> | <u>33486 </u> | | | |
| TITLE | VD | | Ď Delete | र। | ITLE | VD. | 016 | | | ☐ Change | X Addition | |
| NAME . | MEEKS, J | | | | AME | | y O'Conn | | . 41 | | ļ | |
| STREET ADDRESS | | 13TH ST #5 | | | TREET ADDRESS | | | 3th Stree | | | ļ | |
| CITY-ST-ZIP | BOCA RAT | TON FL 33486 | <u></u> | | ITY-ST-ZIP | БОС | a katon, | Florida | 33400 | | | |
| TITLE | | | ☐ Delete | | ITLE | | | | | ☐ Change | ☐ Addition | |
| NAME | ĺ | | | | AME | | | | | | 1 | |
| STREET ADDRESS | | | | | Treet address Ity-St-Zip | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | |
| TITLE | ٠. | | ☐ Delete | 1 | ITLE | | | | | ☐ Change | Addition \ | |
| NAME | | | | - 6 | AME TREET ADDRESSE | | | | | | } | |
| STREET ADDRESS | | | | | TREET ADDRESS | | | | | | { | |
| CITY-ST-ZIP | l | | | | ITY-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:

4/27/00

561-391-6911

Daytime Phone #