

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # 754842

1. Entity Name

MEADOW KNOLL TOWNHOMES HOMEOWNERS ASSOCIATION, I

Principal Place of Business

Mailing Address

1330 N W 13TH STREET UNIT #22
 BOCA RATON FL 33486

1330 N W 13TH STREET UNIT #22
 BOCA RATON FL 33486-2105



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2178158

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BEARD, PATRICIA
1330 N.W. 13TH STREET #21
BOCA RATON FL 33486

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES 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 **TD** Delete
 NAME **BEARD, PATRICIA**
 STREET ADDRESS **1330 N.W. 13TH ST. #21**
 CITY-ST-ZIP **BOCA RATON, FL 00000**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **PILLING, CINDY**
 STREET ADDRESS **18 SE 4TH ST**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **SD** Change Addition
 NAME **Debby Dettmer**
 STREET ADDRESS **1330 N.W. 13th Street #11**
 CITY-ST-ZIP **Boca Raton, Florida 33486**

TITLE **PD** Delete
 NAME **CHIPPAS, LINDA**
 STREET ADDRESS **1330 NW 13TH ST., #07**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **PD** Change Addition
 NAME **Thomas Brown**
 STREET ADDRESS **1330 N.W. 13th Street #17**
 CITY-ST-ZIP **Boca Raton, Florida 33486**

TITLE **VD** Delete
 NAME **MEEKS, JAMES**
 STREET ADDRESS **1330 NW 13TH ST #5**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **VD** Change Addition
 NAME **Rory O'Connor**
 STREET ADDRESS **1330 N.W. 13th Street #6**
 CITY-ST-ZIP **Boca Raton, Florida 33486**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Patricia Beard* **REQUIRED**

4/27/00

561-391-6911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)