

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755638

1. Entity Name

THE MEADOWS OF FORT MYERS CONDOMINIUM ASSOCIATIO  
N, INC.

Principal Place of Business

2310 MAPLE STREET  
FORT MYERS FL 33911

Mailing Address

P.O. BOX 7764  
FORT MYERS FL 33911

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2143777

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

MCMILLIN, JOHN W.  
1646 JEFFERSON AVE.  
FT MYERS FL 33901

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: 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  
NAME MURPHY, FLORENCE  
STREET ADDRESS 50 AVENUE H  
CITY-ST-ZIP JAMESBURG NJ 08831

☐ Delete

TITLE VPD  
NAME LOVETT, LAURENCE P  
STREET ADDRESS 2330 MAPLE AVE, UNIT 307  
CITY-ST-ZIP FORT MYERS FL 33901

☐ Delete

TITLE SD  
NAME FRIZONE, CARLOS  
STREET ADDRESS 600 ASTARIAS CIRCLE  
CITY-ST-ZIP FORT MYERS FL 33919

☐ Delete

TITLE TD  
NAME WESTPHAL, DAVID  
STREET ADDRESS 18682 SPRUCE DR E  
CITY-ST-ZIP FORT MYERS FL 33912

☐ Delete

TITLE D  
NAME DOWNEY, JACQUELINE  
STREET ADDRESS P.O. BOX 942  
CITY-ST-ZIP CAPE CORAL FL 33910

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME LOVETT, LAURENCE P.  
STREET ADDRESS 2330 MAPLE AVE, UNIT 307  
CITY-ST-ZIP FORT MYERS, FL 33901

☒ Change ☐ Addition

TITLE SD  
NAME FRIZONE, CARLOS  
STREET ADDRESS 9131 COLLEGE PKWY #13B-208  
CITY-ST-ZIP FORT MYERS, FL 33919

☒ Change ☐ Addition

TITLE TD  
NAME WESTPHAL, DAVID  
STREET ADDRESS 6893 ESTERO BLVD #431  
CITY-ST-ZIP FORT MYERS BEACH, FL 33931

☒ Change ☐ Addition

TITLE VPD  
NAME LENA LACKEY  
STREET ADDRESS 8021 SOUTHWOODS CIRCLE #7  
CITY-ST-ZIP FORT MYERS, FL 33919

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

CR2E037 (9/01)

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:

*Lena Lackey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-02

(239) 936-0703

Date

Daytime Phone #