

DOCUMENT # 758153

1. Entity Name

CONDOMINIUM OWNERS ASSOCIATION OF MEADOWCROFT SO

Principal Place of Business

Mailing Address

P.O. BOX 10674
BRADENTON FL 34282P.O. BOX 10674
BRADENTON FL 34282-0674

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

59-2150093

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

C&S CONDO MGMNT. SERV. INC.
4301 32ND ST. W. SUITE 214
SUITE 67
BRADENTON FL 34282

Name

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

Suite A19

City

FLZip Code
34205

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 \$61.259. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
DORN, DOROTHY
6411 HERITAGE LN
BRADENTON FL 34209 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
Baldwin, Carol
6407 Heritage Lane
Bradenton Fl 34209 ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
JOHNSTON, JEANNE
6214 29TH AVE. W.
BRADENTON FL 34209 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BENNETT, AL
6344 29TH AVE. W.
BRADENTON FL 34209 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILHELM, DONNA
6307 HERITAGE LANE
BRADENTON FL 34209 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
KATZMAN, HERBERT M
6218 29TH AVE W
BRADENTON FL 34209 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

HELOUATIME REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/6/2000**

Date

941-792-8612

Daytime Phone #

CR2E037 (9/99)