

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90063 040 \*\*\*\*61.25

**DOCUMENT # 758153**

1. Entity Name

**CONDOMINIUM OWNERS ASSOCIATION OF MEADOWCROFT SO**

Principal Place of Business

P.O. BOX 10674  
 BRADENTON FL 34282

Mailing Address

P.O. BOX 10674  
 BRADENTON FL 34282

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**C&S CONDO MGMNT. SERV. INC.**  
**4301 32ND ST. W.**  
**STE A19**  
**BRADENTON FL 34205**

7. Name and Address of New Registered Agent

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

TITLE	<b>DVP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DORN, DOROTHY</b>	
STREET ADDRESS	<b>6411 HERITAGE LN</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSTON, JEANNE</b>	
STREET ADDRESS	<b>6214 29TH AVE. W.</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BENNETT, AL</b>	
STREET ADDRESS	<b>6344 29TH AVE. W.</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILHELM, DONNA</b>	
STREET ADDRESS	<b>6307 HERITAGE LANE</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KATZMAN, HERBERT M</b>	
STREET ADDRESS	<b>6218 29TH AVE W</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>BALDWIN, CAROL</b>	
STREET ADDRESS	<b>6407 HERITAGE LANE</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DP</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Herbert M. Katzman (HERBERT M. KATZMAN) 4-23-01 94-758-9454

CR2E037 (10/00)