2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 11, 2002 8:00 am Secretary of State **DOCUMENT # 758153** 1. Entity Name CONDOMINIUM OWNERS ASSOCIATION OF MEADOWCROFT SO 02-11-2002 90198 007 ****61.25 UTH. INC. Principal Place of Business Mailing Address P.O. BOX 10674 P.O. BOX 10674 **BRADENTON FL 34282 BRADENTON FL 34282** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2150093 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent للما والشيارا وواجين بالبيبار الدار بنجريم Street Address (P.O. Box Number is Not Acceptable) C&S CONDO MGMNT. SERV. INC. 4301 32ND ST. W. STE A19 City Zip Code **BRADENTON FL 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) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (9/01) TITLE DST TITLE ☐ Change Addition ☐ Delete JOHNSTON, JEANNE NAME NAME **CR2E037** STREET ADDRESS 6214 29TH AVE. W. STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209** TITLE ☐ Delete TITLE ☐ Change ☐ Addition BENNETT, AL NAME .. NAME STREET ADDRESS STREET ADDRESS 6344 29TH AVE. W. CITY-ST-7IF CITY-ST-ZIP **BRADENTON FL 34209** TITLE TITLE ☐ Change ☐ Addition Delete WILHELM, DONNA NAME NAME STREET ADDRESS 6307 HERITAGE LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209** DP TITLE ☐ Delete TITLE ☐ Change ■ Addition KATZMAN, HERBERT M NAME NAME STREET ADDRESS 6218 29TH AVE W STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

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