

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90013 019 ****61.25

DOCUMENT # 768297

1. Entity Name

MEADOW RIDGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 520634
 LONGWOOD FL 32752

P.O. BOX 520634
 LONGWOOD FL 32752-0634

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

DYNDUL, MARIE
978 WILD FLOWER
LONGWOOD FL 32750

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 **SD** Delete
 NAME **NAGBE, LORRAINE**
 STREET ADDRESS **966 WILDFLOWER WAY**
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **Secretary** Change Addition
 NAME **Gloria Fulco**
 STREET ADDRESS **998 Wildflower Way**
 CITY-ST-ZIP **Longwood FL 32750**

TITLE **TD** Delete
 NAME **UFL, MARY**
 STREET ADDRESS **962 WILD FLOWER**
 CITY-ST-ZIP **LONGWOOD FL**

TITLE **Treasurer** Change Addition
 NAME **Linda MEE**
 STREET ADDRESS **344 E Ridgewood St.**
 CITY-ST-ZIP **Altamonte Sprgs FL 32701**

TITLE **PD** Delete
 NAME **DYNDUL, MARIA**
 STREET ADDRESS **978 WILDFLOWER WAY**
 CITY-ST-ZIP **LONGWOOD FL**

TITLE **Director** Change Addition
 NAME **Cheryn HARNON**
 STREET ADDRESS **977 Wildflower Way**
 CITY-ST-ZIP **Longwood FL 32750**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Director** Change Addition
 NAME **Dominic Fazzolare**
 STREET ADDRESS **2227 Spring Landing Blvd**
 CITY-ST-ZIP **Longwood FL 32779**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-00 (407) 7675643

Date

Daytime Phone #

CR2E037 (9/99)