

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90102 049 \*\*\*\*61.25

**DOCUMENT # N00000001386**

1. Entity Name

**MEADOW OAKS HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business

**5300 SOUTH ORANGE AVENUE  
 ORLANDO FL 32809**

Mailing Address

**5300 SOUTH ORANGE AVENUE  
 ORLANDO FL 32809**

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

**59-3639496**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**HARRELL, ROBERT S  
 5300 SOUTH ORANGE AVENUE  
 ORLANDO FL 32809**

7. Name and Address of New Registered Agent

Name **Michael J. Alexander**

Street Address (P.O. Box Number is Not Acceptable) **1593 Woodwind Drive**

City **Apopka**

**FL**

**32703**

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

**Michael Alexander / President**

**1/30/02**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	<b>HARRELL, ROBERT S</b>	
STREET ADDRESS	<b>5300 SOUTH ORANGE AVENUE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32809</b>	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	<b>HARRELL JONES, YOLANDA</b>	
STREET ADDRESS	<b>5300 SOUTH ORANGE AVENUE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32809</b>	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	<b>DOVE, SHANNA</b>	
STREET ADDRESS	<b>5300 SOUTH ORANGE AVENUE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32809</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Michael J. Alexander</b>	
STREET ADDRESS	<b>1593 Woodwind Drive</b>	
CITY-ST-ZIP	<b>Apopka, FL 32703</b>	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Wayne Beaulac</b>	
STREET ADDRESS	<b>1543 Palmstone Drive</b>	
CITY-ST-ZIP	<b>Apopka, FL 32703</b>	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Patricia Adams</b>	
STREET ADDRESS	<b>1602 Woodstone Drive</b>	
CITY-ST-ZIP	<b>Apopka, FL 32703</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jacqueline B. Jessee</b>	
STREET ADDRESS	<b>1540 Palmstone Drive</b>	
CITY-ST-ZIP	<b>Apopka, FL 32703</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Ricky Leonard</b>	
STREET ADDRESS	<b>1584 Palmstone Drive</b>	
CITY-ST-ZIP	<b>Apopka, FL 32703</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Kenneth N. Duncan</b>	
STREET ADDRESS	<b>1632 Woodstone Drive</b>	
CITY-ST-ZIP	<b>Apopka, FL 32703</b>	

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:

**Michael Alexander / President**

**1/30/02**

CR2E037 (9/01)

Attachment  
acct# 1000000001382

MEADOW OAKS HOMEOWNERS ASSOCIATION, INC.  
5300 SOUTH ORANGE AVENUE  
ORLANDO, FL 32809

318642

**2002 UNIFORM BUSINESS REPORT**

**ADDITIONS**

Title: D  
Name: Brian Silverstein  
Address: 1626 Woodstone Drive  
City-St-Zip: Apopka, FL 32703

Title: D  
Name: Karrie L. Howard  
Address: 1570 Palmstone Drive  
City-St-Zip: Apopka, FL 32703