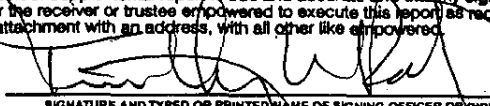


2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

03-08-2001 90125 043 ****61.25
 05-03-2001 91156 045 ****61.25

C0058700

DOCUMENT # N00000007955 ✓					
1. Entity Name The Meadows Condominium Owners Association, Inc.					
Principal Place of Business 513 Whitehead St. Key West, FL 33040			Mailing Address 513 Whitehead St. Key West, FL 33040		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number Application Pending <input checked="" type="checkbox"/> Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Timothy W. Root 513 Whitehead Street Key West, FL 33040			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Timothy W. Root	NAME			
STREET ADDRESS	513 Whitehead St.	STREET ADDRESS			
CITY-ST-ZIP	Key West, FL 33040	CITY-ST-ZIP			
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	David Cunningham	NAME			
STREET ADDRESS	4711 Northside Dr.	STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	Atlanta, GA 30527 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	D	NAME			
STREET ADDRESS	Frederick Skomp	STREET ADDRESS			
CITY-ST-ZIP	830 Eaton St.	CITY-ST-ZIP			
TITLE	Key West, FL 33040 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: 			4-20-01		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

CR2E037 (11/00)

Attachment DOC # NO000001455-10058700

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) The Meadows Condominium Owners Association, Inc.	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) 513 Whitehead Street	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code Key West, FL 33040	5b City, state, and ZIP code
	6 County and state where principal business is located Monroe County, Florida	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► 190-46-7837 Timothy W. Root	

8a Type of entity (Check only one box.) (see instructions)
Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input type="checkbox"/> Other corporation (specify) ►
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input checked="" type="checkbox"/> Other nonprofit organization (specify) ► Condo. Homeowner Assoc. (enter GEN if applicable)	
<input type="checkbox"/> Other (specify) ►	

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State Florida	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)

<input checked="" type="checkbox"/> Banking purpose (specify purpose) ► Homeowners assoc. bank acct	
<input type="checkbox"/> Started new business (specify type) ►	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Purchased going business	<input type="checkbox"/> Created a trust (specify type) ►
<input type="checkbox"/> Other (specify) ►	
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	
<input type="checkbox"/> Created a pension plan (specify type) ►	

10 Date business started or acquired (month, day, year) (see instructions) 12/1/00	11 Closing month of accounting year (see instructions) December 31
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ► **n/a (0)**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ►

Nonagricultural 0	Agricultural	Household
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14 Principal activity (see instructions) ► **Condominium Homeowners Association**

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale) ☒ N/A
☐ Public (retail) ☐ Other (specify) ►

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ► Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ► Timothy W. Root, President	Business telephone number (include area code)
	Fax telephone number (include area code)

Signature ►  Date ► **4/20/01**

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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