

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

05-01-2003 90411 007 ****61.25
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DOCUMENT # N02000002946

1. Entity Name

MEADOW VISTA HOMEOWNERS ASSOCIATION, INC.



FILED

03 OCT 30 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4400 US 90 WEST
LAKE CITY FL 32055

Mailing Address

4400 US 90 WEST
LAKE CITY FL 32055

2. Principal Place of Business

885 SW Sisters Welcome Rd

3. Mailing Address

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

03

City & State

Lake City, FL

City & State

SPM E

4. FEI Number

59-2364997

Applied For

Not Applicable

Zip

32025

Country

U.S.A.

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

SPARKS, CHARLES S
4400 US 90 WEST
LAKE CITY FL 32055

Name

STANLEY CRAWFORD

Street Address (P.O. Box Number is Not Acceptable)

885 SW Sisters Welcome Rd

City

LAKE CITY FL

FL

Zip Code

32025

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Stanley Crawford Stanley Crawford

4/29/03

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	SPARKS, CHARLES S	
STREET ADDRESS	4400 US 90 WEST	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	STEWART, SCOTT	
STREET ADDRESS	PO BOX 1208	
CITY-ST-ZIP	LAKE CITY FL 32056	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CRAWFORD, STANLEY	
STREET ADDRESS	ROUTE 18, BOX 970	
CITY-ST-ZIP	LAKE CITY FL 32025	
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		<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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Crawford, Stanley	
STREET ADDRESS	885 SW Sisters Welcome Rd	
CITY-ST-ZIP	Lake City, FL 32025	
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 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 alterable like empowered.

SIGNATURE:

Charlie S Sparks Charlie S Sparks, 4/29/03 386-755-5110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)