

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State
03-12-2001 90010 038 ****61.25

DOCUMENT # N10328

1. Entity Name

THE MEADOWS IN NEW PORT RICHEY HOMEOWNERS ASSOCI

Principal Place of Business

6545 MEADOWBROOK LANE
NEW PORT RICHEY FL 34653

Mailing Address

7634 MASSACHUSETTS AVE.
NEW PORT RICHEY FL 34653-3022

2. Principal Place of Business

3. Mailing Address

6545 Meadowbrook Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

New Port Richey FL

Zip

Country

Zip

Country

34653

USA

4. FEI Number

59-2571769

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

WORWA, FRANCIS L
7634 MASSACHUSETTS AVENUE
NEW PORT RICHEY FL 34653-3022

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
ENERSON, NEIL
5022 SHERRY LANE
NEW PORT RICHEY FL 34653 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
KAELER, MIKE
5004 SHERRY LANE
NEW PORT RICHEY FL 34653 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
WORWA, FRANCIS L
7634 MASSACHUSETTS AVENUE
NEW PORT RICHEY FL 34653 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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: Francis L Worwa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-01

Date

727-247-5473

Daytime Phone #

CR2E037 (10/00)