

**2001 UNIFORM BUSINESS REPORT (UBR)**

3/2

**FILED**  
**Jun 02, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90028 023 \*\*\*\*61.25

**DOCUMENT # N10830**

1. Entity Name

**MEADOW LAKE MAINTENANCE PROPERTY OWNERS ASSOCIAT**

- 47733



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5620 22ND ST E P.O. BOX 504 ONECO FL 34264	Mailing Address 5620 22ND ST E P.O. BOX 504 ONECO FL 34264
---	---

2. Principal Place of Business <i>5621 21st St Ct E</i> Suite, Apt. #, etc.	3. Mailing Address <i>P.O. Box 504</i> Suite, Apt. #, etc.
---	--

City & State <i>Bradenton FL</i>	City & State <i>ONECO, FL</i>	4. FEI Number <b>65-0079077</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>34203</i>	Country <i>MANATEE</i>	Zip <i>34264</i>	Country <i>MANATEE</i>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent

**MCMURTRY, CLARENCE A**  
**5529 21ST STREET CT E**  
**BRADENTON FL 34203**

7. Name and Address of New Registered Agent

Name: *Donna Hrovat*  
 Street Address (P.O. Box Number is Not Acceptable):  
*5621 21st ST CT E*  
*P.O. Box 504*  
 City: *ONECO* FL Zip Code: *34264*

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: *Donna m. Hrovat / Sec / Treas* DATE: *3/24/01*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW:</b> FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
------------------------------------	--	------------------------------------	--

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARTIN, ROBERT SR</b>	
STREET ADDRESS	<b>5616 22ND ST. E</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34203</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MOORE, RICHARD A</b>	
STREET ADDRESS	<b>5620 22ND ST E</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34203</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>MOORE, TRACI</b>	
STREET ADDRESS	<b>5620 22ND ST E</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34203</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KROLIDES, IRENE</b>	
STREET ADDRESS	<b>5617 21 ST CT E</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34203</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VADENBONCOEAR, JOHN</b>	
STREET ADDRESS	<b>5604 22ND ST E</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34203</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, HERB</b>	
STREET ADDRESS	<b>5612 22ND ST. E</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Rudy martinez</b>	
STREET ADDRESS	<b>5536 22nd ST E</b>	
CITY-ST-ZIP	<b>Bradenton, FL 34203</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Robert martin</b>	
STREET ADDRESS	<b>5616 22nd ST E</b>	
CITY-ST-ZIP	<b>-Bradenton-FL 34203</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Donna Hrovat</b>	
STREET ADDRESS	<b>5621 21st ST CT E</b>	
CITY-ST-ZIP	<b>Bradenton, FL 34203</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jimmy wilson</b>	
STREET ADDRESS	<b>5613 21st ST CT E</b>	
CITY-ST-ZIP	<b>Bradenton, FL 34203</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Irene Krolides</b>	
STREET ADDRESS	<b>5617 21st ST CT E</b>	
CITY-ST-ZIP	<b>Bradenton FL 34203</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Clayton Eason</b>	
STREET ADDRESS	<b>5604 22nd ST CT E</b>	
CITY-ST-ZIP	<b>Bradenton, FL 34203</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: *Donna m. Hrovat* DATE: *3/24/01* DAYTIME PHONE: *727-6627*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)

Attachment

- Rudy Martinien - President #10830  
Robert Martin - Vice President 47733  
Donna Hrovat - Treasure/Secretary  
Jimmy Wilson - Director  
Irene Krolides - Director  
Clayton Eason - Director