

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23240

1. Entity Name

MEADOW BROOK AT P.G.A. CONDOMINIUM ASSOCIATION,

Principal Place of Business

Mailing Address

12300 ALT AIA
STE 110
PALM BEACH GARDENS FL 33410
US

12300 SALT AIA
STE 110
PALM BEACH GARDENS FL 33410
US

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

65-0029733

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

HOLMES, CHRISTOPHER
12300 ALT AIA, STE 110
PALM BEACH GARDENS FL 33410

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-12-01

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 PD
NAME HOLMES, DANIEL T
STREET ADDRESS 12300 ALT AIA, STE 110
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete

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

TITLE VD
NAME HOLMES, CHRISTOPHER K
STREET ADDRESS 12300 ALT AIA, STE 110
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete

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

TITLE STD
NAME HOLMES, ROGER W
STREET ADDRESS 12300 ALT AIA, STE 110
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/01 (S61) 622-6320
Date Daytime Phone #

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90106 036 ****61.25

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DO NOT WRITE IN THIS SPACE

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