

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25093

1. Entity Name

MEADOWS AT MARTIN DOWNS HOMEOWNERS ASSOCIATION,

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90030 002 ****61.25

Principal Place of Business P O BOX 1944 PALM CITY FL 34990 US	Mailing Address P O BOX 1944 PALM CITY FL 34991-6944 US
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DO NOT WRITE IN THIS SPACE

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 65-0031955	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORNETT, JANE E
 WACKEEN, CORNETT, GOOGE, P.A.
 401 E OSCEOLA ST
 STUART FL 34994

7. Name and Address of New Registered Agent

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 _____ (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

TITLE	D	<input type="checkbox"/> Delete
NAME	DEGEORGE, HAROLD	
STREET ADDRESS	2539 SW GREENWICH WAY	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	S	<input type="checkbox"/> Delete
NAME	RICE, PAUL M	
STREET ADDRESS	2240 SW MAYFLOWER DR.	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHOSTAK, ROBERT	
STREET ADDRESS	2878 SW BRIGHTON WAY	
CITY-ST-ZIP	PALM CITY FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCHIAVONE, MICHAEL	
STREET ADDRESS	1782 SW WATERFALL BLVD	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	V	<input type="checkbox"/> Delete
NAME	DUCHESNEAU, ROLAND	
STREET ADDRESS	2436 SW DANBURY LANE	
CITY-ST-ZIP	PALM CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTAGNARO, ANTHONY	
STREET ADDRESS	1544 SW SPRINGFIELD COURT	
CITY-ST-ZIP	PALM CITY FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	F	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEGEORGE, HAROLD	
STREET ADDRESS	2539 SW GREENWICH WAY	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALAN BECKENHUIS	
STREET ADDRESS	1807 SW SPRINGFIELD CT	
CITY-ST-ZIP	PALM CITY, FL 34990	
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 all other like empowered.

SIGNATURE: Roland Duchesneau **ROLAND DUCHESNEAU, VP 1/24/00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 781-283-9606

CR2E037 (9/99)