

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90030 043 \*\*\*\*61.25

0091063

**DOCUMENT # N25093**

1. Entity Name

**MEADOWS AT MARTIN DOWNS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P O BOX 1944  
 PALM CITY FL 34990  
 US

P O BOX 1944  
 PALM CITY FL 34990  
 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

**65-0031955**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

**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	P	<input type="checkbox"/> Delete
NAME	<b>BEKKENHUIS, ALAN</b>	
STREET ADDRESS	<b>1807 SW SPRINGFIELD COURT</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	
TITLE	<b>S-VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RICE, PAUL M</b>	
STREET ADDRESS	<b>2240 SW MAYFLOWER DR.</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>RICE, M. PAUL</b>	
STREET ADDRESS	<b>2240 SW MAYFLOWER</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RAPPAPORT, WALTER</b>	
STREET ADDRESS	<b>2663 SW GREENWICH WAY</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WALL, BERNARD</b>	
STREET ADDRESS	<b>1815 SW SPRINGFIELD COURT</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WOLPER, LEON</b>	
STREET ADDRESS	<b>2964 SW BRIGHTON WAY</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	

TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Teresa Cherry</b>	
STREET ADDRESS	<b>1775 SW Waterfall Blvd.</b>	
CITY-ST-ZIP	<b>Palm City FL 34990</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Roland Duchesneau</b>	
STREET ADDRESS	<b>2436 SW Danbury Ln</b>	
CITY-ST-ZIP	<b>Palm City FL 34990</b>	
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: *Paul M Rice*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/02** (772) 283-2250  
 Date Daytime Phone #

CR2E037 (9/01)