2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N25093** 1. Entity Name

MEADOWS AT MARTIN DOWNS HOMEOWNERS



Jan 10, 2003 8:00 am Secretary of State

FILED

01-10-2003 90024 022 ****61.25



INC.	AAS VI IAIVUTIIA DOMANA UOM	EOMNERS ASSOCIAT	IUN,				
Principal Place of Business P O BOX 1944 PALM CITY FL 34990 US		Mailing Address P O BOX 1944 PALM CITY FL 34990 US					-
2. Principa	I Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			ar arrin saniā laisk līši ālāli lī	(B)) RIBIS BIBIS B	1841 B!\$I4 1881
City 9 Ct	ata				CHECK HERE IF MAKIN	IG CHANGES	6
City & State		City & State		4. FEI Number 65	-0031955		pplied For lot Applicable
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	\$8.75 Ac	fditional
-	6. Name and Address of Current	Registered Agent		7. Name and Addi	ess of New Registered	Fee Requir	ed
0000			Name				
Cornett, Jane e Wackeen, Cornett, Googe, P.A.			Street Addre	ss (P.O. Box Number is N	ot Acceptable)		
401 E OSCEOLA ST							
STUART	「FL 34994		City	77	FL	Zip Cod	de
8. The above	re named entity submits this statement to	r the purpose of changing its r	egistered office or regi	stered agent, or both, in the			and accent
the oblig	ations of registered agent.						and accopt
SIGNATURE							
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signature req	uired when reinstating)	DATE		
FILE NOW: FEE IS \$61.25 9. Election Campa Trust Fund Cont			\$5.00 May Be Added to Fees	Make Chec Florida Depar			
10.	OFFICERS AND DIR	RECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DI	RECTORS IN	10
NTLE ', NAME STREET ADDRESS STY-ST-ZIP	1007 ON OLIMAN IEED COOM!	☐ Delete	TITLE NAME STREET ADDRESS	uchesnear 36 5 w Da Um City		Change	Addition
TITLE	PALM CITY FL 34990	☐ Delete		ulm City	FL 349		
KAME	CHERRY, TERESA	☐ Delete	NAME S	ooth, H.M.		Change	Addition
STREET ADDRESS CITY-ST-ZIP	THE OWNER WITH THE DEAD		STREET ADDRESS (839 SW S	pringfield	104	
TLE	PALM CITY FL 34990	E p	CITY-ST-ZIP Pa	elm City F	134990		
IAME	RICE, M. PAUL	🖃 Delete	TITLE NAME	marasa	A	☐ Change	Addition
TREET ADDRESS	2240 SW MAYFLOWER		STREET ADDRESS	1	,	(I)a.	
			STREET AUUNESS	5.59 SW &	reenwich		
	PALM CITY FL 34990		CITY-ST-ZIP	159 SW G	L 34990	way	
TLE	PALM CITY FL 34990 D RAPPAPORT, WALTER	Delete	CITY-ST-ZIP Da TITLE NAME	marosa, J 559 Sw Q Im City F	L <u>34990</u>	☐ Change	Addition
TLE AME TREET ADDRESS	PALM CITY FL 34990 D RAPPAPORT, WALTER 2663 SW GREENWICH WAY	☑ Delete	NAME STREET ADDRESS	559 SW (1 34990	☐ Change	Addition
TLE AME TREET ADDRESS TY-ST-ZIP	PALM CITY FL 34990 D RAPPAPORT, WALTER 2663 SW GREENWICH WAY PALM CITY FL 34990		NAME STREET ADDRESS CITY-ST-ZIP	559 SW (reenwich [L 34990	☐ Change	Addition
TLE AME TREET ADDRESS ITY-ST-ZIP	PALM CITY FL 34990 D RAPPAPORT, WALTER 2663 SW GREENWICH WAY	Delete Delete	NAME STREET ADDRESS CITY-ST-ZIP	559 SW (16 34990	☐ Change	☐ Addition
TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS	PALM CITY FL 34990 D RAPPAPORT, WALTER 2663 SW GREENWICH WAY PALM CITY FL 34990 D WALL, BERNARD 1815 SW SPRINGFIELD COURT		NAME STREET ADDRESS CITY-ST-ZIP	559 SW (Teenwich L 34990	L] Change	
TILE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP	PALM CITY FL 34990 D RAPPAPORT, WALTER 2663 SW GREENWICH WAY PALM CITY FL 34990 D WALL, BERNARD 1815 SW SPRINGFIELD COURT PALM CITY FL 34990	□ b elete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	559 SW (16 34990	L] Change	
TILE AME TREET ADDRESS YTY-ST-ZIP TLE AME FREET ADDRESS TY-ST-ZIP TLE	PALM CITY FL 34990 D RAPPAPORT, WALTER 2663 SW GREENWICH WAY PALM CITY FL 34990 D WALL, BERNARD 1815 SW SPRINGFIELD COURT PALM CITY FL 34990 D		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	559 SW (16 34990	L] Change	
TILE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP	PALM CITY FL 34990 D RAPPAPORT, WALTER 2663 SW GREENWICH WAY PALM CITY FL 34990 D WALL, BERNARD 1815 SW SPRINGFIELD COURT PALM CITY FL 34990	□ b elete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	559 SW (1 34990	☐ 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

SIGNATURE: