

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N25680**

1. Entity Name

MEADOW LAKE HOMEOWNERS ASSOCIATION OF EDGEWATER,

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL -9 PM 12:21

Principal Place of Business

Mailing Address

317 PINE BREEZE DRIVE
EDGEWATER FL 32141

317 PINE BREEZE DR
EDGEWATER FL 32141
US



2. Principal Place of Business

3. Mailing Address

190 North Westmonte Drive

190 North Westmonte Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

Suite 100

City & State

City & State

Attamonte Springs FL

Attamonte Sorinas FL

Zip

Zip

32714 USA

32714 USA

DO NOT WRITE IN THIS SPACE
05-15-01 90121 003 066-25

4. FEI Number 59-3052047

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

VISCONTI, MICHAEL
316 PINE BREEZE DRIVE
EDGEWATER FL 32141

Name Donald Masso

Street Address (P.O. Box Number is Not Acceptable)

317 Pine Breeze Drive

City Edgewater

FL

Zip Code 32741

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

Donald Masso

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STOUP, DANIEL	
STREET ADDRESS	198 CLOVERIDGE COURT	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, NORA	
STREET ADDRESS	327 PINE BREEZE DR	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	STOUP, EILEEN	
STREET ADDRESS	198 CLOVERIDGE CT	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	P/D	<input type="checkbox"/> Delete
NAME	BONNEY, ROBERT	
STREET ADDRESS	200 CLOVERIDGE COURT	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BECKMAN, AL	
STREET ADDRESS	217 MEADOW LAKE DR	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	CRANE, LORRAINE F	
STREET ADDRESS	310 PINE BREEZE DR	
CITY-ST-ZIP	EDGEWATER FL 32141	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thompson, Kay	
STREET ADDRESS	327 Pine Breeze Drive	
CITY-ST-ZIP	Edgewater FL 32141	
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)(l), 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 817, 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 *Lorraine Crane*

3-2-01

04-4-01

CR2E037 (10/00)