

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90024 011 ****61.25

DOCUMENT # N26353

1. Entity Name
MEADOWLAKE NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business 2 MEADOWLAKE CIR S LAKE PLACID FL 33852-7077 US	Mailing Address 2 MEADOWLAKE CIR S LAKE PLACID FL 33852-7077 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

4. FEI Number **59-2947173**

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

**PUZEY, ROBERT L.
 43 MEADOWLAKE CIRCLE NORTH
 LAKE PLACID FL 33852**

Name **SAME AS CURRENT REGISTERED**
 Street Address (P.O. Box Number is Not Acceptable) **AGENT**
 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 *Robert L. Puzey* **3/2/2**
Signature, typed or printed name of registered agent and date 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	PUZEY, ROBERT L.	43 MEADOW CIRCLE NORTH	LAKE PLACID FL 33852	<input type="checkbox"/>	<input type="checkbox"/>
VD	MOREO, ROY	48 MEADOWLAKE CIR S	LAKE PLACID FL 33852	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SD	OXER, ED	26 MEADOWLAKE CIRCLE SOUTH	LAKE PLACID FL 33852	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TD	JORDAN, WILLIAM R	29 MEADOWLAKE CIR S	LAKE PLACID FL 33852	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VB	SIM STO BAUGH	28 MEADOWLAKE CIRCLE SOUTH	LAKE PLACID, FL. 33852-7077	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SD	PHILIP POULOS SR	6 MEADOWLAKE CIRCLE SOUTH	LAKE PLACID, FL. 33852-7077	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TD	TOM GRIMMETT	22 MEADOWLAKE CIRCLE SOUTH	LAKE PLACID, FL. 33852-7077	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 of annual financial reports 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 individual and am duly 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: *Robert L. Puzey* **3/2/2** **863-465-3008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)