

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90250 033 ****61.25

DOCUMENT # N93000002797

1. Entity Name

MONROE MEADOWS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

139 KELLY CIRCLE
 SANFORD FL 32773
 US

139 KELLY CIRCLE
 SANFORD FL 32773-7342
 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

59-3235923

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

RUSSELL, TERI
 131 KELLY CIRCLE
 SANFORD FL 32773

Name **Van Delinder, James C.**

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

109 Madden Ave.

City

Sanford

FL

Zip Code

32773

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

James C. Van Delinder **James C. Van Delinder** Secretary April 13, 2000

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 **DP** Delete
 NAME **WILLOW, DAMON**
 STREET ADDRESS **105 MORRISON AVENUE**
 CITY-ST-ZIP **SANFORD FL 32773**

TITLE **DP** Change Addition
 NAME **CAWTHON, JAMES**
 STREET ADDRESS **166 KELLY CIRCLE**
 CITY-ST-ZIP **SANFORD, FL 32773**

TITLE **D** Delete
 NAME **PUTZKE, ALAN (LUKE)**
 STREET ADDRESS **100 MORRISON AVENUE**
 CITY-ST-ZIP **SANFORD FL 32773**

TITLE **DVP** Change Addition
 NAME **BALDWIN, SUE**
 STREET ADDRESS **196 KELLY CIRCLE**
 CITY-ST-ZIP **SANFORD, FL 32773**

TITLE **D** Delete
 NAME **CASSIDY, DAWAINE**
 STREET ADDRESS **102 LITTLE FOX AVENUE**
 CITY-ST-ZIP **SANFORD FL 32773**

TITLE **DS** Change Addition
 NAME **VAN DELINDER, JAMES**
 STREET ADDRESS **109 MADDEN AVE.**
 CITY-ST-ZIP **SANFORD, FL 32773**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** Change Addition
 NAME **LERCH, DAVID**
 STREET ADDRESS **104 LITTLE FOX AVE.**
 CITY-ST-ZIP **SANFORD, FL 32773**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **GODWIN, SHIRLEY**
 STREET ADDRESS **180 KELLY CIRCLE**
 CITY-ST-ZIP **SANFORD, FL 32773**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **CARTELLI, BRIAN**
 STREET ADDRESS **210 KELLY CIRCLE**
 CITY-ST-ZIP **SANFORD, FL 32773**

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:

James C. Van Delinder **James C. Van Delinder** 4-13-00 407 302 7701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)