

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90110 047 \*\*\*\*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  
 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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VAN DELINDER, JAMES C**  
**109 MADDEN AVE.**  
**SANFORD FL 32773**

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	DP	<input type="checkbox"/> Delete
NAME	CAWTHON, JAMES	
STREET ADDRESS	166 KELLY CIRCLE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BALDWIN, SUE	
STREET ADDRESS	196 KELLY CIRCLE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	DS	<input type="checkbox"/> Delete
NAME	VAN DELINDER, JAMES	
STREET ADDRESS	109 MADDEN AVE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	LERCH, DAVID	
STREET ADDRESS	104 LITTLE FOX AVE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GODWIN, SHIRLEY	
STREET ADDRESS	180 KELLY CIRCLE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARTELLI, BRIAN	
STREET ADDRESS	210 KELLY CIRCLE	
CITY-ST-ZIP	SANFORD FL 32773	

TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STOTLER, MARY ANNE	
STREET ADDRESS	194 KELLY CIRCLE	
CITY-ST-ZIP	SANFORD, FL 32773	
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: *James C. Van Delinder* James C. Van Delinder 4/12/01 (407)302-7701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0024057