

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 07, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90601 006 \*\*\*\*61.25  
 08-07-2002 90172 002 \*\*\*\*61.25

**DOCUMENT # N93000002797**

1. Entity Name

**MONROE MEADOWS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

139 KELLY CIRCLE  
 SANFORD FL 32773  
 US

Mailing Address

139 KELLY CIRCLE  
 SANFORD FL 32773  
 US

2. Principal Place of Business

**139 KELLY CIRCLE**

Suite, Apt. #, etc.

City & State

**SANFORD, FL**

Zip

**32773**

Country

**SEMINOLE**

3. Mailing Address

**139 KELLY CIRCLE**

Suite, Apt. #, etc.

City & State

**SANFORD, FL**

Zip

**32773**

Country

**SEMINOLE**

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

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

7. Name and Address of New Registered Agent

Name

**LINDA CHRISTIE**

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

**192 KELLY CIRCLE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **LINDA CHRISTIE**

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

(NOTE: Registered Agent signature required when reinstating)

**PRESIDENT, HOA**

**8-5-2002**

DATE

**After September 13, 2002,**  
**min. will be \$236.25.**

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	<b>CAWTHON, JAMES</b>	
STREET ADDRESS	<b>166 KELLY CIRCLE</b>	
CITY-ST-ZIP	<b>SANFORD FL 32773</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>BALDWIN, SUE</b>	
STREET ADDRESS	<b>196 KELLY CIRCLE</b>	
CITY-ST-ZIP	<b>SANFORD FL 32773</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>VAN DELINDER, JAMES</b>	
STREET ADDRESS	<b>109 MADDEN AVE</b>	
CITY-ST-ZIP	<b>SANFORD FL 32773</b>	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	<b>STOTLER, MARY ANNE</b>	
STREET ADDRESS	<b>194 KELLY CIRCLE</b>	
CITY-ST-ZIP	<b>SANFORD FL 32773</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINDA CHRISTIE</b>	
STREET ADDRESS	<b>192 KELLY CIRCLE</b>	
CITY-ST-ZIP	<b>SANFORD, FLORIDA 32773</b>	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JUDY SANDERS</b>	
STREET ADDRESS	<b>102 LITTLE FOX AVE</b>	
CITY-ST-ZIP	<b>SANFORD, FL 32773</b>	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DARLENE HELLENDER</b>	
STREET ADDRESS	<b>9120 KELLY CIRCLE</b>	
CITY-ST-ZIP	<b>SANFORD, FL 32773</b>	
TITLE	ACTING TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINDA CHRISTIE</b>	
STREET ADDRESS	<b>192 KELLY CIRCLE</b>	
CITY-ST-ZIP	<b>SANFORD, FL 32773</b>	
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 I am empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**8-5-2002**

**407 328-4646**

CR2E037 (4/02)