2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2002 8:00 AM
Secretary of State

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Entity Name: MEADOWBROOK, UNIT 6, HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O KRM MANAGEMENT INC.
431 WAVERLY ROAD
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

Current Mailing Address:

C/O KRM MANAGEMENT INC.
431 WAVERLY ROAD
TALLAHASSEE, FL 32312 US

New Mailing Address:

FEI Number: 59-3174318 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ISAACS, DAN L
C/O KRM MANAGEMENT INC.
431 WAVERLY ROAD
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: DEMPSEY, RICHARD
Address: 2437 BEAUTYBERRY CT
City-St-Zip: TALLAHASSEE, FL 32308

Title: DT ( ) Delete
Name: MAXWELL, TOM
Address: 2428 BASSWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: DICKENS, FRANK
Address: 2431 BUTTONBUSH
City-St-Zip: TALLAHASSEE, FL 32308

Title: DS ( ) Delete
Name: BENNETT, JUDY
Address: 2419 BASSWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: DVP ( ) Delete
Name: DICKENS, BILL
Address: 2426 BUTTONBUSH
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change ( ) Addition
Name: JOHNSON, GERALDINE
Address: 2430 BEAUTYBERRY CT
City-St-Zip: TALLAHASSEE, FL 32308

Title: DP (X) Change ( ) Addition
Name: MAXWELL, TOM
Address: 2428 BASSWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change ( ) Addition
Name: BENNETT, JUDY
Address: 2419 BASSWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: DS (X) Change ( ) Addition
Name: VALENTE, TERI
Address: 835 VIOLET
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM MAXWELL PRES 06/10/2002

Electronic Signature of Signing Officer or Director — Date