

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0002140

DOCUMENT # N93000004800

1. Entity Name

MEADOWBROOK, UNIT 6, HOMEOWNERS' ASSOCIATION, IN C.



FILED

04 JAN -6 PM 2:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

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

C/O KRM MANAGEMENT INC.
431 WAVERLY ROAD
TALLAHASSEE FL 32312
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 59-3174318

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

Name

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

City

FL

Zip Code

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

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

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

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JOHNSON, GERALDINE 2430 BEAUTYBERRY CT TALLAHASSEE FL 32308	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAXWELL, TOM 2428 BASSWOOD DRIVE TALLAHASSEE FL 32308	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKENS, FRANK 2431 BUTTONBUSH TALLAHASSEE FL 32308	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BENNETT, JUDY 2419 BASSWOOD DRIVE TALLAHASSEE FL 32308	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VALENTE, TERI 835 VIOLET TALLAHASSEE FL 32308	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Macy Register 2420 Basswood Ln Tallahassee FL 32308	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B Stuart Faison	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Stuart Faison 827 Violet Tallahassee FL 32308	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600026137210 01/06/04--01042--005 **236.25	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)