

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005990

1. Entity Name

MEADOWBROOK ESTATES HOMEOWNERS ASSOCIATION OF PA

Principal Place of Business

17350 RIVERSTONE DRIVE
LUTZ FL 33549

Mailing Address

PO BOX 915
LUTZ FL 33548-0915
US

2. Principal Place of Business

2224 MEADOWBROOK DRIVE

3. Mailing Address

2224 Meadowbrook Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LUTZ, FL

City & State

LUTZ, FL

4. FEI Number

59-3412549

Applied For

Not Applicable

Zip

33549

Country

USA

Zip

33549

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHALCK, WILLIAM F
17350 RIVERSTONE DRIVE
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name WILSON, MYRNA

Street Address (P.O. Box Number is Not Acceptable)
2224 MEADOWBROOK DRIVE

City LUTZ

FL

Zip Code 33549

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

Myrna Wilson

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

TITLE PD
NAME SCHALCK, WILLIAM F
STREET ADDRESS 17350 RIVERSTONE DR
CITY-ST-ZIP LUTZ FL ☐ Delete

TITLE VPD
NAME MCDONALD, RICK
STREET ADDRESS 17345 RIVERSTONE DRIVE
CITY-ST-ZIP LUTZ FL ☒ Delete

TITLE SD
NAME MCDONALD, ALECIA
STREET ADDRESS 17345 RIVERSTONE DR
CITY-ST-ZIP LUTZ FL ☒ Delete

TITLE TD
NAME SCHALCK, LINDA
STREET ADDRESS 17350 RIVERSTONE DR
CITY-ST-ZIP LUTZ FL ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME WILSON, MYRNA
STREET ADDRESS 2224 MEADOWBROOK DRIVE
CITY-ST-ZIP LUTZ, FL

TITLE VPD ☒ Change ☐ Addition
NAME SCHALCK, WILLIAM F
STREET ADDRESS 17350 RIVERSTONE DRIVE
CITY-ST-ZIP LUTZ FL

TITLE SD ☒ Change ☐ Addition
NAME COLLIFLOWER, TAMI
STREET ADDRESS 17335 RIVERSTONE DRIVE
CITY-ST-ZIP LUTZ FL

TITLE TD ☒ Change ☐ Addition
NAME JALLOT, MARY
STREET ADDRESS 17292 RAINTREE ROAD
CITY-ST-ZIP LUTZ FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Myrna Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/2000

Date

Daytime Phone #

CR2E037 (9/99)