NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9700001707 1. Corporation Name

GREEN MEADOWS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

5620 SW 164 TERR FT LAUDERDALE FL 33331

FINK, MECCA 5620 SW 164 TERR

FT LAUDERDALE FL 33331

Mailing Address

5620 SW 164 TERR FT LAUDERDALE FL 33331

## **FILED** Apr 16, 1999 8:00 am Secretary of State

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. 1	ENGLIDALE 12 SOOT	The broken breeze the second				
2. 21	Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed 03/27/1997			
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number APPLIED FOR Not Applied For Not Applied For			
23	City & State	City & State	5. Certificate of Status Desired -  \$8.75 Additional Fee Required			
24	Zip Country	Zip Country	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
==:	9. Name and Address of Current		10. Name and Address of New Registered Agent			
		81 N	lame			

85 Zip Code 84 City 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Section 617.0503. Florida Statutes

83

agent. I a	m familiar with, and accept the obligations of, Section 617.0505, Fion	ida Statutes.					
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Agent signature req	uired when reinstating)	DATE		—	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D DELETE	1.1 TITLE			Change	☐ Addition	
NAME	FINK, MECCA	1.2 NAME					
STREET ADDRESS	5620 SW 164 TERR	1.3 STREET ADDRESS				1	
CITY-ST-ZIP	FT LAUDERDALE FL 33331	1.4 CITY-ST-ZIP				-	
TITLE	D DELETE	2.1 ΠΤLΕ			Change	☐ Addition	
NAME	BOYD, JOAN	2.2 NAME			1		
STREET ADDRESS	5205 SW 163 AVE	2.3 STREET ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL 33331	2. 4 CITY-ST-ZIP			·· · <u> </u>		
TITLE	D DELETE	3.1 TITLE _		and a second control of	Change	Addition	
NAME	HAGAN-STEVENS, MANON	3.2 NAME		,			
STREET ADDRESS	4721 SW 164 TERR	3.3 STREET ADDRESS		- ,			
CITY-ST-ZIP	FT LAUDERDALE FL 33331	3.4. CITY-ST-ZIP			<u> </u>		
TITLE	D · · □ DELETE	4.1 TITLE			☐ Change	☐ Addition	
NAME	HUTCHINSON, BRENDA	4. 2 NAME					
STREET ADDRESS	5220 SW 164 TERR	4.3 STREET ADDRESS		•			
CITY-ST-ZIP	FT LAUDERDALE FL 33331	4.4 CITY-ST-ZIP					
TITLE	☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME	,	5.2 NAME	•	4			
STREET ADDRESS		5.3 STREET ADDRESS		,			
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<u> </u>				
IIITE	☐ DELETE	6.1 TITLE	••	•	Change	Addition	
NAME	•	6.2 NAME			,		
STREET ADDRESS		6.3 STREET ADDRESS					
CITY OT 710		6.4 CITY-ST-ZiP				}	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

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