

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001707

1. Entity Name

GREEN MEADOWS HOMEOWNERS ASSOCIATION, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90562 027 ****61.25

Principal Place of Business

5620 SW 164 TERR
FT LAUDERDALE FL 33331

Mailing Address

5620 SW 164 TERR
FT LAUDERDALE FL 33331-1343

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

NOT APPLICABLE

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

FINK, MECCA
5620 SW 164 TERR
FT LAUDERDALE FL 33331

Name

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

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Delete
NAME	FINK, MECCA	
STREET ADDRESS	5620 SW 164 TERR	
CITY-ST-ZIP	FT LAUDERDALE FL 33331	
TITLE	D	☐ Delete
NAME	BOYD, JOAN PUSHKAR, JAN	
STREET ADDRESS	5205 SW 163 AVE 5210 SW 172 AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33331	
TITLE	D	☐ Delete
NAME	HAGAN-STEVENS, MANON	
STREET ADDRESS	4721 SW 164 TERR	
CITY-ST-ZIP	FT LAUDERDALE FL 33331	
TITLE	D	☐ Delete
NAME	HUTCHINSON, BRENDA	
STREET ADDRESS	5220 SW 164 TERR	
CITY-ST-ZIP	FT LAUDERDALE FL 33331	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		
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: *MECCA FINK*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/00 (954) 357-7022

Date

Daytime Phone #

CR2E037 (9/99)