

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90105 048 ****61.25

DOCUMENT # N97000001707

1. Entity Name

GREEN MEADOWS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

5520 SW 163 AVE
SOUTHWEST RANCHES FL 33331

Mailing Address

5520 SW 163 AVE
SOUTHWEST RANCHES FL 33331

2. Principal Place of Business

16711 SW 52 PLACE

3. Mailing Address

Suite, Apt. #, etc.

City & State

SOUTHWEST RANCHES FL

City & State

SOUTHWEST RANCHES FL

Zip

33331

Country

USA

Zip

33331

Country

USA

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

SQUIRES, MARY E

5520 SW 163 AVE

SOUTHWEST RANCHES FL 33331

7. Name and Address of New Registered Agent

Name

MARCIA LARKIN

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

16711 SW 52 PLACE

City

SOUTHWEST RANCHES

FL

Zip Code

33331

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

Marcia Larkin

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/16/02

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 D ☒ Delete
NAME SQUIRES, MARY E
STREET ADDRESS 5520 SW 163 AVE
CITY-ST-ZIP SOUTHWEST RANCHES FL 33331

TITLE D ☐ Delete
NAME PUSHKAR, JAN
STREET ADDRESS 5210 SW 172 AVE
CITY-ST-ZIP FT LAUDERDALE FL 33331

TITLE D ☐ Delete
NAME FISIKELLI, MICHAEL
STREET ADDRESS 16601 SW 69 ST
CITY-ST-ZIP SOUTHWEST RANCHES FL 33331

TITLE D ☒ Delete
NAME BOYD, JOAN
STREET ADDRESS 5205 SW 163
CITY-ST-ZIP SOUTHWEST RANCHES FL 33331

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 D ☐ Change ☒ Addition
NAME MARCIA LARKIN
STREET ADDRESS 16711 SW 52 PLACE
CITY-ST-ZIP SOUTHWEST RANCHES FL 33331

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

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

TITLE D ☐ Change ☒ Addition
NAME MELISSA GLEISSNER
STREET ADDRESS 5431 SW 163 AVE
CITY-ST-ZIP SOUTHWEST RANCHES FL 33331

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:

Marcia Larkin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/3/02

Daytime Phone #

954-680-4340

CR2E037 (9/01)