2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State
03-10-2004 90020 018 ****61.25

DOCUMENT # N97000001707

1. Entity Name
GREEN MEADOWS HOMEOWNERS ASSOCIATION, INC.

54016833

Principal Place of Business	Mailing Address
16711 SW 52 PLACE SOUTHWEST RANCHES, FL 33331	16711 SW 52 PLACE SOUTHWEST RANCHES, FL 33331

03032004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
5520 S W 163 Ave	5520 S W 163 AVE
Suite, Apt. #, etc.	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	7. Name and Address of New Registered Agent
LARKIN, MARCIA 16711 SW 52 PLACE SOUTHWEST RANCHES, FL 33331	Name: MARY E. SQUIRES Street Address (P.O. Box Number is Not Acceptable): 5520 S W 163 Ave SOUTHWEST RANCHES 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Mary E. Squires Mary E. Squires 3/06/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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	D PUSHKAR, JAN 5210 SW 172 AVE FT LAUDERDALE, FL 33331	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FISIKELLI, MICHAEL 16601 SW 69 ST SOUTHWEST RANCHES, FL 33331	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mary E SQUIRES 5520 S W 163 Ave ~~SOUTHWEST RANCHES, FL 33331~~ ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LARKIN, MARCIA 16711 SW 52 PLACE SOUTHWEST RANCHES, FL 33331	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARY GAI CHAPLES 5901 S W 160 Ave ~~SOUTHWEST RANCHES. FL 33331~~ ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CORBETT, RUTH 16831 SW 64 ST SOUTHWEST RANCHES, FL 33331	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANON HAGEN STEVENS 4721 S W 164 Terr SOUTHWEST RANCHES. FL 33331 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 like empowered.

SIGNATURE: Mary E. Squires Mary E. Squires 3/06/04 305-558-5051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #