

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90148 047 ****61.25

DOCUMENT # N97000001707



1. Entity Name
GREEN MEADOWS HOMEOWNERS ASSOCIATION, INC.

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

Mailing Address
16711 SW 52 PLACE
SOUTHWEST RANCHES FL 33331



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

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
LARKIN, MARCIA
16711 SW 52 PLACE
SOUTHWEST RANCHES FL 33331

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PUSHKAR, JAN	
STREET ADDRESS	5210 SW 172 AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33331	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISIKELLI, MICHAEL	
STREET ADDRESS	16601 SW 69 ST	
CITY-ST-ZIP	SOUTHWEST RANCHES FL 33331	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARKIN, MARCIA	
STREET ADDRESS	16711 SW 52 PLACE	
CITY-ST-ZIP	SOUTHWEST RANCHES FL 33331	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GLEISSNER, MELISSA	
STREET ADDRESS	5431 SW 163 AVE.	
CITY-ST-ZIP	SOUTHWEST RANCHES FL 33331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*Secretary S. Corbett Ruth
16831 SW 64 St
Southwest Ranches 33331*

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Michael Fischler* **FILED** 1-17-03 954-914-9861

CR2E037 (10/02)