

2000 UNIFORM BUSINESS REPORT-(UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90014 018 ****61.25

DOCUMENT # N99000003026
 1. Entity Name
MEADOWFIELD OWNERS ASSOCIATION, INC.

Principal Place of Business 2955 HARTLEY ROAD SUITE 108 JACKSONVILLE FL 32257	Mailing Address 2955 HARTLEY ROAD SUITE 108 JACKSONVILLE FL 32257-6284
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2. Principal Place of Business 2215 EAST SR 200 Suite, Apt. #, etc.	3. Mailing Address P O BOX 1987 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State YULEE FL	City & State YULEE FL	4. FEI Number 59-3575554	Applied For <input type="checkbox"/> Not Applicable
Zip 32097	Country US	Zip 32041-1987	Country US

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MATOVINA, GREGORY E
2955 HARTLEY ROAD
SUITE 108
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent
 Name **TERRELL J. POWELL**
 Street Address (P.O. Box Number is Not Acceptable)
2215 EAST SR 200
 City **YULEE** **FL** Zip Code **32097**

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 *Terrell J. Powell*
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATOVINA, GREGORY E 2955 HARTLEY ROAD, SUITE 108 JACKSONVILLE FL 32257 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BORSTEIN, DONALD K 2955 HARTLEY ROAD, SUITE 108 JACKSONVILLE FL 32257 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOWELL, WILLIAM R 2955 HARTLEY ROAD, SUITE 108 JACKSONVILLE FL 32257 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *G. Matovina* **3/28/00** **904/225-9070**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)