

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007361

1. Entity Name

MEADOW CREEK AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1633 E VINE STREET  
STE 110  
KISSIMMEE FL 34744

1633 E VINE STREET  
STE 110  
KISSIMMEE FL 34744

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

59-3647428

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

FURLOW, REBECCA  
1633 E VINE STREET  
STE 110  
KISSIMMEE FL 34744

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 PD  
NAME O'HARA, CHARLES D  
STREET ADDRESS 120 FAIRWAY WOODS BLVD.  
CITY-ST-ZIP ORLANDO FL 32824 ☒ Delete

TITLE PD  
NAME Johnny Chastain Jr  
STREET ADDRESS 2014 Meadow Pond Way  
CITY-ST-ZIP Orlando FL 32824 ☐ Change ☒ Addition

TITLE VD  
NAME HAWKS, CANDICE H  
STREET ADDRESS 120 FAIRWAY WOODS BLVD.  
CITY-ST-ZIP ORLANDO FL 32824 ☒ Delete

TITLE VD  
NAME Donna Nicholson  
STREET ADDRESS 2030 Meadow Pond Way  
CITY-ST-ZIP Orlando FL 32824 ☐ Change ☒ Addition

TITLE STD  
NAME ERSKINE, CYNTHIA L  
STREET ADDRESS 120 FAIRWAY WOODS BLVD.  
CITY-ST-ZIP ORLANDO FL 32824 ☒ Delete

TITLE STD  
NAME Evelyn Alicea  
STREET ADDRESS 2039 Meadow Pond Way  
CITY-ST-ZIP Orlando FL 32824 ☐ 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

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)(l), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 06, 2002 8:00 am  
Secretary of State

05-06-2002 90054 006 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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