

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N22592 (2)**
1. Corporation Name
MEADOWLAND COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: C/O CUSTOM PROPERTY MANAGEMENT, 2328 S. CONGRESS AVE. 2A, WEST PALM BEACH FL 33414
Mailing Address: C/O CUSTOM PROPERTY MANAGEMENT, 2328 S. CONGRESS AVE. 2A, WEST PALM BEACH FL 33414

3. Date Incorporated or Qualified: **09/21/1987**
3a. Date of Last Report: **05/18/1995**
4. FEI Number: **65-0006825**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country

9. Name and Address of Current Registered Agent: **FRITTS, ROBERT P, 5702 LAKE WORTH ROAD, SUITE 4, LAKE WORTH FL 33463**
10. Name and Address of New Registered Agent (81) Name: **Louis Caplan, JD**
(82) Street Address: **St. John, King + Dickler**
(83) **500 Australian Ave South Suite 600**
(84) City: **West Palm Beach FL** (85) Zip Code: **33401**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: *Louis Caplan, Esq.* DATE: **5/15/96**

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
DS FREY, RENATE 12039 MEADOWBREEZE DR. WEST PALM BEACH FL 33414
DVP EGBERT, WALTER 13021 MEADOWBREEZE DR. WEST PALM BEACH FL 33414
D VAN EMBURG, RICHARD 12841 MEADOWBREEZE DR. WEST PALM BEACH FL 33414
DP VAN HOUTEN, FREDERICK P 12178 MEADOWBREEZE DR. WEST PALM BEACH FL 33414
D ZARELLA, EARLINE 12900 UPPERCOVE DR. WEST PALM BEACH FL 33414

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: **DVP**
1.2 NAME: **Ken Freedman**
1.3 STREET ADDRESS: **1591 Yachtman Place**
1.4 CITY-ST-ZIP: **Wellington FL 33414**
2.1 TITLE: **DT**
2.2 NAME: **Alan Jeffrey Medoff**
2.3 STREET ADDRESS: **13049 Meadowbreeze Drive**
2.4 CITY-ST-ZIP: **Wellington FL 33414**
4.1 TITLE: **100001833581**
4.2 NAME: **-05/22/96--01010--015**
4.3 STREET ADDRESS: *****70.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alan Jeffrey Medoff* DATE: **4-29-96** DAYTIME PHONE #: **407-798-8260**

CR2E037 (12/95)