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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22592

1. Corporation Name
MEADOWLAND COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business % ASSOC PROPERTY MANAGEMENT 400 SOUTH DIXIE HWY.. #10 LAKE WORTH FL 33460	Mailing Address % ASSOC PROPERTY MANAGEMENT 400 SOUTH DIXIE HWY.. #10 LAKE WORTH FL 33460
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/21/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0006825
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ASSOCIATED PROPERTY MANAGEMENT OF PB, INC.
 400 SOUTH DIXIE HWY., STE 10
 LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FREEMAN, KEN	
STREET ADDRESS	1591 YACHTMAN PLACE	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	O'NEILL, GERRI	
STREET ADDRESS	12777 MEADOWBREEZE DRIVE	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RUSSELL, ROBERT	
STREET ADDRESS	12778 MEADOWBREEZE DRIVE	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	IORIO, SUSAN	
STREET ADDRESS	1581 YACHTMAN PLACE	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEDOFF, ALAN	
STREET ADDRESS	13109 MEADOWBREEZE DRIVE	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, MIKE	
STREET ADDRESS	13109 MEADOWBREEZE DRIVE	
CITY-ST-ZIP	WELLINGTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LD Laverne, Terrel
1.3 STREET ADDRESS	1503 Windship Circle
1.4 CITY-ST-ZIP	Wellington, FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SD Sufitko, Debbie
2.3 STREET ADDRESS	1575 Windship Circle
2.4 CITY-ST-ZIP	Wellington, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D Scollin, Dana
3.3 STREET ADDRESS	1310 Crown Point
3.4 CITY-ST-ZIP	Wellington, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D Hughes, Pleasant
4.3 STREET ADDRESS	13408 Meadowbreeze Drive
4.4 CITY-ST-ZIP	Wellington, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D Fisher, Amy
5.3 STREET ADDRESS	12977 Meadowbreeze Drive
5.4 CITY-ST-ZIP	Wellington, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D Rosen, Murray
6.3 STREET ADDRESS	1320 Crown Point
6.4 CITY-ST-ZIP	Wellington, FL

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-22-98 (501) 793-4914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # _____

CR2E037 (11/98)