

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90070 021 ****61.25

DOCUMENT # N22592

1. Entity Name

MEADOWLAND COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% ASSOC PROPERTY MANAGEMENT
 400 SOUTH DIXIE HWY., #10
 LAKE WORTH FL 33460

% ASSOC PROPERTY MANAGEMENT
 400 SOUTH DIXIE HWY., #10
 LAKE WORTH FL 33460-4455

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

65-0006825

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 Delete
 NAME ~~PD~~
~~FREEMAN, KEN~~
 STREET ADDRESS ~~1501 YACHTMAN PLACE~~
 CITY-ST-ZIP ~~WELLINGTON FL~~

TITLE Change Addition
 NAME DP
 Russell, Robert
 STREET ADDRESS 12788 meadowbreeze drive
 CITY-ST-ZIP wellington, FL

TITLE Delete
 NAME ~~TD~~
~~LAVERGNE, TERREL~~
 STREET ADDRESS ~~1503 WINDSHIP CIRCLE~~
 CITY-ST-ZIP ~~WELLINGTON FL~~

TITLE Change Addition
 NAME D
 Smith, Michael
 STREET ADDRESS 13109 meadowbreeze Drive
 CITY-ST-ZIP wellington, FL

TITLE Delete
 NAME SD
 SUFTKO, DEBBIE SUFTKO
 STREET ADDRESS 1575 WINDSHIP CIRCLE
 CITY-ST-ZIP WELLINGTON FL

TITLE Change Addition
 NAME D
 Hughes, Pleasant
 STREET ADDRESS 13708 meadowbreeze Drive
 CITY-ST-ZIP wellington, FL

TITLE Delete
 NAME VD
 IORIO, SUSAN
 STREET ADDRESS 1581 YACHTMAN PLACE
 CITY-ST-ZIP WELLINGTON FL

TITLE Change Addition
 NAME D
 Rosen, Murray
 STREET ADDRESS 1320 Crown Pointe
 CITY-ST-ZIP wellington, FL

TITLE Delete
 NAME D
 SCOLLIN, DOUG
 STREET ADDRESS 1310 CROWN POINT
 CITY-ST-ZIP WELLINGTON FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME DT
 FISHER, AMY
 STREET ADDRESS 13977 MEADOWBREEZE DR
 CITY-ST-ZIP WELLINGTON FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE *[Handwritten Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #