

2001 UNIFORM BUSINESS REPORT (UBR)

3/28/01

FILED
Apr 12, 2001 8:00 am
Secretary of State

03-28-2001 90199 037 ****61.25

DOCUMENT # N22592

1. Entity Name
MEADOWLAND COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
 % ASSOC PROPERTY MANAGEMENT % ASSOC PROPERTY MANAGEMENT
 400 SOUTH DIXIE HWY., #10 400 SOUTH DIXIE HWY., #10
 LAKE WORTH FL 33460 LAKE WORTH FL 33460



DO NOT WRITE IN THIS SPACE

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 Applied For
65-0006825 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP <i>President</i>	<input type="checkbox"/> Delete
NAME	RUSSELL, ROBERT	
STREET ADDRESS	12788 MEADOW BREEZE DRIVE	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, MICHAEL	
STREET ADDRESS	13109 MEADOW BREEZE DRIVE	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SUFFKO, DEBBIE	
STREET ADDRESS	1575 WINDSHIP CIRCLE	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	VD <i>Vice President</i>	<input type="checkbox"/> Delete
NAME	IORIO, SUSAN	
STREET ADDRESS	1581 YACHTMAN PLACE	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCOLLIN, DOUG	
STREET ADDRESS	1310 CROWN POINT	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	<i>Treasurer</i>	<input type="checkbox"/> Delete
NAME	FISHER, AMY	
STREET ADDRESS	13977 MEADOWBREEZE DR	
CITY-ST-ZIP	WELLINGTON FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Alec Hudson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	12912 meadowbreeze Dr	
STREET ADDRESS	Wellington FL 33414	Director
CITY-ST-ZIP		
TITLE	Lisa Perez	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	12888 meadow breeze Dr	
STREET ADDRESS	Wellington FL	Director
CITY-ST-ZIP		
TITLE	Amy Fisher	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12977 meadowbreeze	
STREET ADDRESS	Wellington FL	Treasurer
CITY-ST-ZIP		
TITLE	Pleasant Hughes	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13106 meadowbreeze	
STREET ADDRESS	Wellington FL 33414	Director
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/00)

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: *Robert M. Russell* Date: **03-23-01** Daytime Phone #: **232 7998**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR