

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 am
Secretary of State

04-26-2002 90011 043 ****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

001610



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0006825

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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: DP Delete
 NAME: RUSSELL, ROBERT
 STREET ADDRESS: 12788 MEADOW BREEZE DRIVE
 CITY-ST-ZIP: WELLINGTON FL

TITLE: DIRECTOR Change Addition
 NAME: MURRAY ROSEN
 STREET ADDRESS: 1320 CROWN POINT
 CITY-ST-ZIP: WELLINGTON, FL 33414

TITLE: D Delete
 NAME: SMITH, MICHAEL
 STREET ADDRESS: 13109 MEADOW BREEZE DRIVE
 CITY-ST-ZIP: WELLINGTON FL

TITLE: DIRECTOR Change Addition
 NAME: RUDY GARRON
 STREET ADDRESS: 12736 MEADOWBREEZE DR
 CITY-ST-ZIP: Wellington, FL 33414

TITLE: TD FISHER Delete
 NAME: FISHER, AMY
 STREET ADDRESS: 12977 MEADOWBREEZE
 CITY-ST-ZIP: WELLINGTON FL

TITLE: TD Change Addition
 NAME: FISHER, AMY
 STREET ADDRESS: 12977 meadowbreeze Drive
 CITY-ST-ZIP: Wellington, FL

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

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: D Delete
 NAME: HUGHES, PLEASANT
 STREET ADDRESS: 13108 MEADOWBREEZE
 CITY-ST-ZIP: WELLINGTON FL 33414

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: D / SECRETARY Delete
 NAME: FISHER, AMY
 STREET ADDRESS: 12977 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/02

Date

Daytime Phone #

CR2E037 (9/01)