


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90045 015 ****61.25

DOCUMENT # N22592

1. Entity Name
MEADOWLAND COVE HOMEOWNERS ASSOCIATION, INC.



40070000

Principal Place of Business Mailing Address
% ASSOC PROPERTY MANAGEMENT **% ASSOC PROPERTY MANAGEMENT**
1928 LAKE WORTH ROAD **1928 LAKE WORTH ROAD**
LAKE WORTH, FL 33461 US **LAKE WORTH, FL 33461 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02202008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0006825 Applied For
 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.
1928 LAKE WORTH ROAD
LAKE WORTH, FL 33461

7. Name and Address of New Registered Agent
 Name **Sachs + Sax P's Louis Caplan**
 Street Address (P.O. Box Number is Not Acceptable)
301 Yamato Rd St A 4150
 City **Boca Raton** FL Zip Code **33431**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Louis Caplan P's Sachs + Sax** DATE **4/17/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	IORIO, SUE	
STREET ADDRESS	1581 YACHTMAN PLACE	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, MICHAEL	
STREET ADDRESS	13109 MEADOW BREEZE DRIVE	
CITY-ST-ZIP	WELLINGTON, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHILLER, BETH	
STREET ADDRESS	1621 YACHTMAN PL	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ELIE, MARK	
STREET ADDRESS	1666 WEATHER VANE PL	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATTERS, SHERRY	
STREET ADDRESS	12861 UPPER COVE DR	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HUDSON, ALEC	
STREET ADDRESS	12912 MEADOW BREEZE DR.	
CITY-ST-ZIP	WELLINGTON, FL 33414	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAWRON, RUDY	
STREET ADDRESS	12736 MEADOW BREEZE DR.	
CITY-ST-ZIP	WELLINGTON, FL 33414	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: **3/03/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #