

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22592

FILED  
Apr 14, 2011  
Secretary of State

**Entity Name:** MEADOWLAND COVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

% ASSOC PROPERTY MANAGEMENT  
1928 LAKE WORTH ROAD  
LAKE WORTH, FL 33461 US

**New Principal Place of Business:**

ASSOCIATED PROPERTY MANAGEMENT  
1928 LAKE WORTH ROAD  
LAKE WORTH, FL 33461 US

**Current Mailing Address:**

% ASSOC PROPERTY MANAGEMENT  
1928 LAKE WORTH ROAD  
LAKE WORTH, FL 33461 US

**New Mailing Address:**

ASSOCIATED PROPERTY MANAGEMENT  
1928 LAKE WORTH ROAD  
LAKE WORTH, FL 33461 US

**FEI Number:** 65-0006825

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DICKER, KRIVOK & STOLOFF, P.A.  
1818 AUSTRALIAN AVE. SO.  
#400  
WEST PALM BEACH, FL 33409 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: IORIO, SUE  
Address: 1581 YACHTMAN PLACE  
City-St-Zip: WELLINGTON, FL 33414

Title: VS  
Name: SMITH, MICHAEL  
Address: 13109 MEADOWBREEZE DRIVE  
City-St-Zip: WELLINGTON, FL 33414

Title: D  
Name: WATTERS, SHERRY  
Address: 1038 ROLLING GLEN DR  
City-St-Zip: MARION, IA 52302

Title: T  
Name: GAWRON, RUDOLPH  
Address: 12736 MEADOWBREEZE DR  
City-St-Zip: WELLINGTON, FL 33414

Title: D  
Name: CICCONI, DAVID  
Address: 12864 MEADOWBREEZE DR  
City-St-Zip: WELLINGTON, FL 33414

Title: D  
Name: PIVEN, MARC S  
Address: 12872 MEADOWBREEZE DR  
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN MCENTEE

APM

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date