

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Dec 08, 2011  
Secretary of State**

DOCUMENT# N22592

**Entity Name:** MEADOWLAND COVE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O BANYAN PROPERTY MANAGEMENT SERVICES IN  
2328 S. CONGRESS AVE SUITE 1C  
WEST PALM BEACH, FL 33406 US**New Principal Place of Business:****Current Mailing Address:**C/O BANYAN PROPERTY MANAGEMENT SERVICES IN  
2328 S. CONGRESS AVE SUITE 1C  
WEST PALM BEACH, FL 33406 US**New Mailing Address:****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: SUE IORIO

PD

12/08/2011

Electronic Signature of Signing Officer or Director

Date