


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90181 004 ****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**



2. Principal Place of Business 3. Mailing Address

ASSOCIATED PROPERTY MGMT **ASSOCIATED PROPERTY MGMT**
1928 LAKE WORTH RD **1928 LAKE WORTH RD.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

LAKE WORTH, FL **LAKE WORTH, FL**

Zip Country Zip Country

33461 **USA** **33461** **USA**

CHECK HERE IF MAKING CHANGES

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

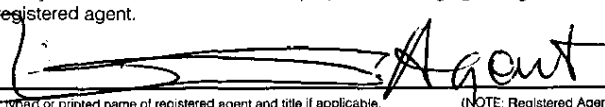
Name
ASSOCIATED PROPERTY MANAGEMENT

Street Address (P.O. Box Number is Not Acceptable)
1928 LAKE WORTH RD.

City State Zip Code

LAKE WORTH **FL** **33461**

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:  Agent DATE: **4/2/03**

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

FILE NOW: FEE IS \$61.25

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 | DP | <input checked="" 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 | TD | <input checked="" type="checkbox"/> Delete |
| NAME | FISHER, AMY | |
| STREET ADDRESS | 12977 MEADOWBREEZE | |
| CITY-ST-ZIP | WELLINGTON FL | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | IORIO, SUSAN | |
| STREET ADDRESS | 1581 YACHTMAN PLACE | |
| CITY-ST-ZIP | WELLINGTON FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HUGHES, PLEASANT | |
| STREET ADDRESS | 13108 MEADOWBREEZE | |
| CITY-ST-ZIP | WELLINGTON FL 33414 | |
| TITLE | DS | <input checked="" type="checkbox"/> Delete |
| NAME | FISHER, AMY | |
| STREET ADDRESS | 12977 MEADOWBREEZE DR | |
| CITY-ST-ZIP | WELLINGTON FL | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | IORIO, SUE | |
| STREET ADDRESS | 1581 YACHTMAN PLACE | |
| CITY-ST-ZIP | WELLINGTON, FL 33414 | |
| TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HUDSON, ALEC | |
| STREET ADDRESS | 12912 MEADOW BREEZE DR. | |
| CITY-ST-ZIP | WELLINGTON, FL 33414 | |
| TITLE | STD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FISHER, AMY | |
| STREET ADDRESS | 12977 MEADOW BREEZE DR. | |
| CITY-ST-ZIP | WELLINGTON, FL 33414 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ROSEN, MURRAY | |
| STREET ADDRESS | 1320 CROWN POINTE | |
| CITY-ST-ZIP | WELLINGTON, FL 33414 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BONNELL, LINDA | |
| STREET ADDRESS | 1629 DAY RIDGE PL. | |
| CITY-ST-ZIP | WELLINGTON, FL 33414 | |
| 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 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:  **28 March 03** **561-792-3521**

CR2E037 (10/02)