

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766743

Entity Name: MEADOWOOD COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**3001 JOHNSTON ROAD
FORT PIERCE, FL 34951**Current Mailing Address:**C/O SIGNATURE PROPERTY MGMT.
3171 SE DOMINICA TERRACE
STUART, FL 34997 US**FEI Number:** 65-0138691**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSS EARLE & BONAN, P.A.
789 SOUTH FEDERAL HIGHWAY
SUITE 101
STUART, FL 34994 US*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

Officer/Director Detail :

Title P
Name MEYER, MARGARET
Address 3171 SE DOMINICA TERRACE
City-State-Zip: STUART FL 34997

Title SECRETARY
Name KISNER, CHRIS
Address 3171 SE DOMINICA TERRACE
City-State-Zip: STUART FL 34997

Title ASST. SECRETARY
Name LEITHER, KARA
Address 3171 SE DOMINICA TERRACE
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name JACKSON, JOHN
Address 3171 SE DOMINICA TERRACE
City-State-Zip: STUART FL 34997

Title VP
Name GORMAN, ROBERT
Address 3171 SE DOMINICA TERRACE
City-State-Zip: STUART FL 34997

Title TREASURER
Name WITTE, DAVID
Address 3171 SE DOMINICA TERRACE
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name EAVES, JAMES
Address 3171 SE DOMINICA TERRACE
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name LAWRENCE, WILLIAM(REGGIE)
Address 3171 SE DOMINICA TERRACE
City-State-Zip: STUART FL 34997

Continues on page 2

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: MARGARET MEYERS**PRESIDENT****03/31/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CUMMINGS, RITA
Address 3171 SE DOMINICA TERRACE
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name TURNER, NANCY
Address 3171 SE DOMINICA TERRACE
City-State-Zip: STUART FL 34997

Title DIRECTOR
Name O'TOOLE, MIKE
Address 3171 SE DOMINICA TERRACE
City-State-Zip: STUART FL 34997