

2018 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:**3001 JOHNSTON ROAD
FORT PIERCE, FL 34951 US**FEI Number:** 65-0138691**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSS EARLE & BONAN, P.A.
789 S. FEDERAL HWY - STE. 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	T
Name	CUMMINGS, RITA
Address	3001 JOHNSTON ROAD
City-State-Zip:	FORT PIERCE FL 34946

Title	VP
Name	FEDERICO, BRUCE
Address	3001 JOHNSTON ROAD
City-State-Zip:	FORT PIERCE FL 34951

Title	DIRECTOR
Name	LEVY, HAROLD C.
Address	3001 JOHNSTON ROAD
City-State-Zip:	FORT PIERCE FL 34951

Title	ASST. SECRETARY
Name	EVANS, JOHN
Address	3001 JOHNSTON ROAD
City-State-Zip:	FORT PIERCE FL 34951

Title	P
Name	HANSON, STEVE
Address	3001 JOHNSTON ROAD
City-State-Zip:	FORT PIERCE FL 34951

Title	SECRETARY
Name	MEYER, MAGGIE
Address	3001 JOHNSTON ROAD
City-State-Zip:	FORT PIERCE FL 34951

Title	DIRECTOR
Name	LAWERENCE, REG
Address	3001 JOHNSTON ROAD
City-State-Zip:	FORT PIERCE FL 34951

Title	DIRECTOR
Name	BENSON, HARRY
Address	3001 JOHNSTON ROAD
City-State-Zip:	FORT PIERCE FL 34951

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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: STEVE HANSON**PRESIDENT****04/06/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BELL, JOHNSON
Address 3001 JOHNSTON ROAD
City-State-Zip: FORT PIERCE FL 34951

Title DIRECTOR
Name WITTE, DAVID
Address 3001 JOHNSTON ROAD
City-State-Zip: FORT PIERCE FL 34951

Title DIRECTOR
Name LEITHER, KARA
Address 3001 JOHNSTON ROAD
City-State-Zip: FORT PIERCE FL 34951