

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22592

**FILED**  
**Mar 18, 2024**  
**Secretary of State**  
**5677041909CC**

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

**Current Principal Place of Business:**

C/O GRS MANAGEMENT ASSOCIATES INC  
3900 WOODLAKE BLVD SUITE 309  
LAKE WORTH , FL 33463

**Current Mailing Address:**

C/O GRS MANAGEMENT ASSOCIATES INC  
3900 WOODLAKE BLVD SUITE 309  
LAKE WORTH , FL 33463 US

**FEI Number:** 65-0006825

**Certificate of Status Desired:** No

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

STOLOFF AND MANOFF, P.A.  
1818 AUSTRALIAN AVE. SO.  
#400  
WEST PALM BEACH, FL 33409 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:** SCOTT A STOLOFF

03/18/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BALCOMB, STEVE  
Address        C/O GRS MANAGEMENT ASSOCIATES  
                  INC  
                  3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title            V. PRESIDENT, TREASURER  
Name            SMITH, ROBERT MICHAEL  
Address        C/O GRS MANAGEMENT ASSOCIATES  
                  INC  
                  3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title            SECRETARY  
Name            MARKEE, JENNIFER  
Address        C/O GRS MANAGEMENT ASSOCIATES  
                  INC  
                  3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title            DIRECTOR  
Name            THOMPSON, ROBIN  
Address        C/O GRS MANAGEMENT ASSOCIATES  
                  INC  
                  3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

*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 BALCOMB

PRESIDENT

03/18/2024

Electronic Signature of Signing Officer/Director Detail

Date