

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22592

Entity Name: MEADOWLAND COVE HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 07, 2021
Secretary of State
2361224361CC

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

04/07/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT	Title	DIRECTOR
Name	SMITH, MICHAEL	Name	GAWRON, RUDOLPH
Address	C/O GRS MANAGEMENT ASSOCIATES INC 3900 WOODLAKE BLVD SUITE 309	Address	C/O GRS MANAGEMENT ASSOCIATES INC 3900 WOODLAKE BLVD SUITE 309
City-State-Zip:	LAKE WORTH FL 33463	City-State-Zip:	LAKE WORTH FL 33463
Title	V. PRESIDENT	Title	DIR
Name	BALCOMB, STEPHEN	Name	ROLDEN , KATHRYN
Address	C/O GRS MANAGEMENT ASSOCIATES INC 3900 WOODLAKE BLVD SUITE 309	Address	C/O GRS MANAGEMENT ASSOCIATES INC 3900 WOODLAKE BLVD SUITE 309
City-State-Zip:	LAKE WORTH FL 33463	City-State-Zip:	LAKE WORTH FL 33463
Title	SECRETARY	Title	DIRECTOR
Name	MARKEE, JENNIFER	Name	BIENIEK, PETER
Address	C/O GRS MANAGEMENT ASSOCIATES INC 3900 WOODLAKE BLVD SUITE 309	Address	C/O GRS MANAGEMENT ASSOCIATES INC 3900 WOODLAKE BLVD SUITE 309
City-State-Zip:	LAKE WORTH FL 33463	City-State-Zip:	LAKE WORTH FL 33463
Title	TREASURER	Title	DIRECTOR
Name	BRESLIN, LANA	Name	BESNER, JASON
Address	C/O GRS MANAGEMENT ASSOCIATES INC 3900 WOODLAKE BLVD SUITE 309	Address	C/O GRS MANAGEMENT ASSOCIATES INC 3900 WOODLAKE BLVD SUITE 309
City-State-Zip:	LAKE WORTH FL 33463	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: R MICHAEL SMITH

PRESIDENT

04/07/2021

