

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22592

**FILED**  
**Jan 03, 2018**  
**Secretary of State**  
**CC1265212936**

**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:**

DICKER, KRIVOK & STOLOFF, 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

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

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

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

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

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

Title DIRECTOR  
Name MARKEE, JENNIFER  
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:** MICHAEL SMITH

**PRESIDENT**

**01/03/2018**

