2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22592

Entity Name: MEADOWLAND COVE HOMEOWNERS ASSOCIATION, INC.

FILED Apr 01, 2022 Secretary of State 9091367966CC

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 04/01/2022

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

INC

Title **PRESIDENT** Title DIRECTOR

Name BALCOMB, STEVE Name GAWRON, RUDOLPH

Address C/O GRS MANAGEMENT ASSOCIATES Address C/O GRS MANAGEMENT ASSOCIATES

INC

3900 WOODLAKE BLVD SUITE 309 3900 WOODLAKE BLVD SUITE 309

City-State-Zip: LAKE WORTH FL 33463 City-State-Zip: LAKE WORTH FL 33463

V. PRESIDENT Title Title DIR

SMITH, MIKE ROLDEN, KATHRYN Name Name

C/O GRS MANAGEMENT ASSOCIATES Address C/O GRS MANAGEMENT ASSOCIATES Address INC

INC

3900 WOODLAKE BLVD SUITE 309 3900 WOODLAKE BLVD SUITE 309 LAKE WORTH FL 33463 City-State-Zip: LAKE WORTH FL 33463 City-State-Zip:

Title **SECRETARY** Title DIRECTOR

Name MARKEE. JENNIFER Name ROLDAN, KATHRYN

C/O GRS MANAGEMENT ASSOCIATES C/O GRS MANAGEMENT ASSOCIATES Address Address INC

3900 WOODLAKE BLVD SUITE 309 3900 WOODLAKE BLVD SUITE 309

City-State-Zip: LAKE WORTH FL 33463 City-State-Zip: LAKE WORTH FL 33463

Title **TREASURER** Title DIRECTOR

Name BIENIEK, PETER Name BESNER, JASON

Address C/O GRS MANAGEMENT ASSOCIATES Address C/O GRS MANAGEMENT ASSOCIATES INC INC

3900 WOODLAKE BLVD SUITE 309 3900 WOODLAKE BLVD SUITE 309

LAKE WORTH FL 33463 LAKE WORTH FL 33463 City-State-Zip: City-State-Zip:

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.

04/01/2022 SIGNATURE: STEVE BALCOMB PRESIDENT