

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22592

FILED
Apr 02, 2014
Secretary of State
CC4676569275

Entity Name: MEADOWLAND COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O BANYAN PROPERTY MANAGEMENT SERVICES IN
3900 WOODLAKE BLVD SUITE 309
LAKE WORTH , FL 33463

Current Mailing Address:

C/O BANYAN PROPERTY MANAGEMENT SERVICES IN
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 P
Name IORIO, SUE
Address C/O BANYAN PROPERTY
MANAGEMENT SERVICES IN
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title SD
Name SMITH, MICHAEL
Address C/O BANYAN PROPERTY
MANAGEMENT SERVICES IN
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title TD
Name GAWRON, RUDOLPH
Address C/O BANYAN PROPERTY
MANAGEMENT SERVICES IN
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title D
Name ZDUNOWSKI, BRIAN
Address C/O BANYAN PROPERTY
MANAGEMENT SERVICES IN
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title D
Name CICCONI, DAVID
Address C/O BANYAN PROPERTY
MANAGEMENT SERVICES IN
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title D
Name PIVEN, MARC S
Address C/O BANYAN PROPERTY
MANAGEMENT SERVICES IN
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: SUE IORIO

P

04/02/2014

Electronic Signature of Signing Officer/Director Detail

Date