

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

DOCUMENT# N96000004996

**Entity Name:** MEADOW LANDINGS HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Apr 19, 2024**  
**Secretary of State**  
**1463347554CC**

**Current Principal Place of Business:**

C/O: VESTA PROPERTY SERVICES  
13595 SW 134 AVENUE SUITE 108  
MIAMI, FL 33186

**Current Mailing Address:**

C/O: VESTA PROPERTY SERVICES  
13595 SW 134 AVENUE SUITE 108  
MIAMI, FL 33186 US

**FEI Number: 65-0792828**

**Certificate of Status Desired: No**

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

SIEGFRIED, RIVERA, HYMAN, LERNER, DE LA TORRE, MARS & SOBEL, P.A.  
201 ALHAMBRA CIRCLE  
11TH FLOOR  
CORAL GABLES, FL 33134 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: SIEGFRIED**

**04/19/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FRAGA, BRENDA  
Address        C/O: VESTA PROPERTY SERVICES  
                  13595 SW 134 AVENUE SUITE 108  
City-State-Zip: MIAMI FL 33186

Title            VP  
Name            LACAYO, EDGAR  
Address        C/O: VESTA PROPERTY SERVICES  
                  13595 SW 134 AVENUE SUITE 108  
City-State-Zip: MIAMI FL 33186

Title            TREASURER, SECRETARY  
Name            IRASTORZA, MARIANA  
Address        C/O: VESTA PROPERTY SERVICES  
                  13595 SW 134 AVENUE SUITE 108  
City-State-Zip: MIAMI FL 33186

Title            DIRECTOR  
Name            LOPEZ, RONALD  
Address        C/O: VESTA PROPERTY SERVICES  
                  13595 SW 134 AVENUE SUITE 108  
City-State-Zip: MIAMI FL 33186

*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: BRENDA FRAGA**

**PRESIDENT**

**04/19/2024**

Electronic Signature of Signing Officer/Director Detail

Date