

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000001373

**Entity Name:** SEWALL'S MEADOW PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Mar 24, 2023**  
**Secretary of State**  
**5260878432CC**

**Current Principal Place of Business:**

105 ABBIE COURT  
SEWALL'S PT., FL 34996

**Current Mailing Address:**

105 ABBIE COURT  
SEWALL'S PT., FL 34996 US

**FEI Number: 65-0789653**

**Certificate of Status Desired: No**

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

BURSON, ROBERT AP.A.  
310 WEST FIRST STREET  
STUART, FL 34994 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            PRESIDENT, DIRECTOR  
Name            PFEIFFER, MARSHA  
Address        104 HENRY SEWALL WAY  
City-State-Zip: SEWALL'S PT. FL 34996

Title            DIRECTOR  
Name            KRUTULIS, DOROTHY  
Address        115 HENRY SEWALL WAY  
City-State-Zip: SEWALL'S PT. FL 34996

Title            TREASURER  
Name            BAUM, PATRICIA  
Address        105 ABBIE CT.  
City-State-Zip: SEWALL'S PT. FL 34996

Title            SECRETARY, DIRECTOR  
Name            BAUM, PATRICIA  
Address        105 ABBIE COURT  
City-State-Zip: SEWALL'S PT. FL 34996

Title            VP, DIRECTOR  
Name            MADER, NICOLE  
Address        106 ABBIE COURT  
City-State-Zip: SEWALL'S PT. FL 34996

*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: PATRICIA M BAUM**

**SECRETARY**

**03/24/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date