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.

Ρ

### SIGNATURE: MIRANDA COX

I

Electronic Signature of Signing Officer/Director Detail

5440 FIRST COA AMELIA ISLAND,		
The above named e	ntity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fi	orida.
SIGNATURE:	NICHOLAS LAMBIASE JR	01/
	Electronic Signature of Registered Agent	

Officer/Director Detail :					
Title	P, D	Title	VP, D		
Name	COX, MIRANDA	Name	BUTLER, RICHARD		
Address	C/O AMELIA ISLAND MANAGEMENT 5440 FIRST COAST HIGHWAY	Address	C/O AMELIA ISLAND MANAGEMENT 5440 FIRST COAST HIGHWAY		
City-State-Zip:	AMELIA ISLAND FL 32034	City-State-Zip:	AMELIA ISLAND FL 32034		
Title	S, T, D				
Name	MCBURNEY, SHAWN				
Address	5440 FIRST COAST HIGHWAY				
City-State-Zip:	AMELIA ISLAND FL 32034				

LAMBIASE JR, NICHOLAS

## Name and Address of Current Registered Agent:

5440 FIRST COAST HIGHWAY AMELIA ISLAND, FL 32034

## **Current Mailing Address:**

C/O AMELIA ISLAND MANAGEMENT 5440 FIRST COAST HIGHWAY AMELIA ISLAND, FL 32034 US

FEI Number: 59-3575554

### 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N9900003026

Entity Name: MEADOWFIELD OWNERS ASSOCIATION, INC.

# **Current Principal Place of Business:**

## Jan 23, 2023 Secretary of State 4397889037CC

FILED

01/23/2023 Date

Certificate of Status Desired: No

Date

01/23/2023