

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006165

FILED
Apr 14, 2009
Secretary of State

Entity Name: MEADOW WOODS COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

55 NE 5TH AVENUE
2ND FLOOR
DELRAY BEACH, FL 33483

New Principal Place of Business:

6972 LAKE GLORIA BLVD
ORLANDO, FL 32809

Current Mailing Address:

55 NE 5TH AVENUE
2ND FLOOR
DELRAY BEACH, FL 33483

New Mailing Address:

6972 LAKE GLORIA BLVD
ORLANDO, FL 32809

FEI Number: 20-5049354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF ORLANDO
300 SOUTH ORANGE AVENUE (MJG)
STE. 1000
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT
6972 LAKE GLORIA BLVD
ORLANDO, FL 32809 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: REBECCA FURLOW

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: EVASIUS, JOHN R
Address: 55 NE 5TH AVENUE, 2ND FLOOR
City-St-Zip: DELRAY BEACH, FL 33483

Title: DV () Delete
Name: BRYAN, CHIP
Address: 55 NE 5TH AVENUE, 2ND FLOOR
City-St-Zip: DELRAY BEACH, FL 33483

Title: DST () Delete
Name: GINSBERG, JONATHAN D
Address: 55 NE 5TH AVENUE, 2ND FLOOR
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHIP BRYAN

DV

04/14/2009

Electronic Signature of Signing Officer or Director

Date