

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90045 015 ****61.25

DOCUMENT # N22592

1. Entity Name
MEADOWLAND COVE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**% ASSOC PROPERTY MANAGEMENT
1928 LAKE WORTH ROAD
LAKE WORTH, FL 33461 US**

Mailing Address
**% ASSOC PROPERTY MANAGEMENT
1928 LAKE WORTH ROAD
LAKE WORTH, FL 33461 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202008

Chg-NP

CR2E037 (12/06)

4. FEI Number
65-0006825

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**-ASSOCIATED PROPERTY MANAGEMENT OF PB, INC.
1928 LAKE WORTH ROAD
LAKE WORTH, FL 33461**

Name **Sachs + Sax P's Louis Caplan**
Street Address (P.O. Box Number is Not Acceptable)

301 Yamato Rd St A 4150
City **Boca Raton** FL Zip Code **33431**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME IORIO, SUE
STREET ADDRESS 1581 YACHTMAN PLACE
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE ☐ Change ☒ Addition
NAME **D GAWRON, Rudy**
STREET ADDRESS **12736 MEADOW BREEZE DR.**
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE SD ☐ Delete
NAME SMITH, MICHAEL
STREET ADDRESS 13109 MEADOW BREEZE DRIVE
CITY-ST-ZIP WELLINGTON, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SCHILLER, BETH
STREET ADDRESS 1621 YACHTMAN PL
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME ELIE, MARK
STREET ADDRESS 1666 WEATHER VANE PL
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WATTERS, SHERRY
STREET ADDRESS 12861 UPPER COVE DR
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME HUDSON, ALEC
STREET ADDRESS 12912 MEADOW BREEZE DR.
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/03/08