

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22592

FILED
Feb 16, 2010
Secretary of State

Entity Name: MEADOWLAND COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0006825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SACHS, SAX & CAPLAN, P.A.
6111 BROKEN SOUND PKWY NW
#200
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

DICKER, KRIVOK & STOLOFF, P.A.
1818 AUSTRALIAN AVE. SO.
#400
WEST PALM BEACH, FL 33409 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: EDWARD DICKER, ESQ.

02/16/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: IORIO, SUE
Address: 1581 YACHTMAN PLACE
City-St-Zip: WELLINGTON, FL 33414

Title: VS
Name: SMITH, MICHAEL
Address: 13109 MEADOWBREEZE DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: D
Name: SCHILLER, BETH
Address: 1621 YACHTMAN PL
City-St-Zip: WELLINGTON, FL 33414

Title: D
Name: GAWRON, RUDOLPH
Address: 12736 MEADOWBREEZE DR
City-St-Zip: WELLINGTON, FL 33414

Title: D
Name: WATTERS, SHERRY
Address: 1038 ROLLING GLEN DR
City-St-Zip: MARION, IA 52302

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: JOHN MATH, APM

AGT

02/16/2010

Electronic Signature of Signing Officer or Director

Date