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: JOSE LOPEZ

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent

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.

Title	PRESIDENT	Title	SECRETARY	
Name	MORGAN, ELOISE	Name	SCHOTT, ADAM	
Address	6972 LAKE GLORIA BLVD	Address	6972 LAKE GLORIA BLVD	
City-State-Zip:	ORLANDO FL 32809	City-State-Zip:	ORLANDO FL 32809	
Title	TREASURER			
Name	LOPEZ, JOSE			
	- ,			
Address	6972 LAKE GLORIA BLVD			

**Officer/Director Detail :** 

City-State-Zip: ORLANDO FL 32809

6972 LAKE GLORIA BLVD ORLANDO, FL 32809	
FEI Number: 20-5049354	
Name and Address of Ocument Devistans d America	

## Name and Address of Current Registered Agent:

LELAND MANAGEMENT, INC. 6972 LAKE GLORIA BLVD ORLANDO, FL 32809 US

SIGNATURE:

DOCUMENT# N0600006165

6972 LAKE GLORIA BLVD ORLANDO, FL 32809

**Current Mailing Address:** 

**Current Principal Place of Business:** 

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: MEADOW WOODS COVE HOMEOWNERS ASSOCIATION, INC.

## FILED Apr 12, 2013 Secretary of State CC7297431084

Certificate of Status Desired: No

TREASURER

04/12/2013 Date

Date