## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25093

**Entity Name: MEADOWS AT MARTIN DOWNS HOMEOWNERS** 

ASSOCIATION, INC.

**Current Principal Place of Business:** 

2550 SW WATERFALL BLVD PALM CITY, FL 34990

**Current Mailing Address:** 

2550 SW WATERFALL BLVD PALM CITY, FL 34990 US

FEI Number: 65-0031955 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSS, DEBORAH LESQ 789 S. FEDERAL HIGHWAY SUITE 101 STUART, FL 34994 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:

Electronic Signature of Registered Agent

Date

**FILED** Apr 21, 2015

**Secretary of State** 

CC2308826977

Officer/Director Detail:

Title SECRETARY Title **PRESIDENT** Name CIMAROSA, JOAN H Name FEIGL, PETER

2550 SW WATERFALL BLVD 2550 SW WATERFALL BLVD Address Address

City-State-Zip: City-State-Zip: PALM CITY FL 34990 PALM CITY FL 34990

Title D Title **DIRECTOR** 

KELLEY, ROBERT Name Name DIMBAT, JOHN

Address 2550 SW WATERFALL BLVD 2550 SW WATERFALL BLVD Address City-State-Zip: PALM CITY FL 34990 City-State-Zip: PALM CITY FL 34990

Title ٧P Title DIRECTOR

Name RAYNES, ROBERT Name CONNOLLY, JOHN

Address 2550 SW WATERFALL BLVD Address 2550 SW WATERFALL BLVD PALM CITY FL 34990 City-State-Zip:

City-State-Zip: PALM CITY FL 34990

Title **TREASURER** 

Name GRAHAM, TIMOTHY

2550 SW WATERFALL BLVD. Address

City-State-Zip: PALM CITY FL

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: PETER FEIGL **PRESIDENT** 04/21/2015