

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25093

**FILED**  
**Jan 17, 2018**  
**Secretary of State**  
**CC5390310280**

**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

**Officer/Director Detail :**

Title VICE PRESIDENT  
Name RICE, M. PAUL  
Address 2550 SW WATERFALL BLVD  
City-State-Zip: PALM CITY FL 34990

Title D  
Name KELLEY, ROBERT  
Address 2550 SW WATERFALL BLVD  
City-State-Zip: PALM CITY FL 34990

Title PRESIDENT  
Name GRAHAM, TIMOTHY  
Address 2550 SW WATERFALL BLVD.  
City-State-Zip: PALM CITY FL

Title SECRETARY  
Name CORRIGAN, IDA  
Address 2550 SW WATERFALL BLVD  
City-State-Zip: PALM CITY FL 34990

Title DIRECTOR-AT-LARGE  
Name RICE, M. PAUL  
Address 2550 SW WATERFALL BLVD.  
City-State-Zip: PALM CITY FL 34990

Title TREASURER  
Name LUCREZIA, LOUIS  
Address 2550 SW WATERFALL BLVD.  
City-State-Zip: PALM CITY FL 34990

Title DIRECTOR  
Name AARONS, RAYMOND  
Address 2550 SW WATERFALL BLVD.  
City-State-Zip: PALM CITY FL 34990

Title DIRECTOR  
Name PAXTON, BARBARA  
Address 2550 SW WATERFALL BLVD  
City-State-Zip: PALM CITY FL 34990

*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: TIMOTHY GRAHAM**

**PRESIDENT**

**01/17/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date