

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000007332

**Entity Name:** MEADOWOOD WEST HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 14, 2022**  
**Secretary of State**  
**0150568882CC**

**Current Principal Place of Business:**

3020 S FLORIDA AVE  
SUITE 101  
LAKELAND, FL 33803

**Current Mailing Address:**

3020 S FLORIDA AVE  
SUITE 101  
LAKELAND, FL 33803

**FEI Number: 59-3576639**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ADAMS, ROBERT J  
3020 S FLORIDA AVE  
SUITE 101  
LAKELAND, FL 33803 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 PD  
Name ADAMS, D. JOEL  
Address 3020 S FLORIDA AVE, SUITE 101  
City-State-Zip: LAKELAND FL 33803

Title VD  
Name ADAMS, ROBERT J  
Address 3020 S FLORIDA AVE, SUITE 101  
City-State-Zip: LAKELAND FL 33803

Title DST  
Name WALSH, BRIAN J  
Address 3020 S FLORIDA AVE, SUITE 101  
City-State-Zip: LAKELAND FL 33803

*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: ADAMS , D. JOEL**

**PD**

**04/14/2022**

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

\_\_\_\_\_  
Date