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Apr 21 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759252 (0)

1. Corporation Name

**LAKE OF THE MEADOW MASTER MAINTENANCE ASSOCIATION, INC.**

Principal Place of Business

**4450 S.W. 152 Avenue  
Miami, FL 33185**

Mailing Address

**4450 S.W. 152 Avenue  
Miami, FL 33185**

3. Date Incorporated or Qualified

**07/22/1981**

4. FEI Number

**59-2165738**

Applied For

Not Applicable

2. Principal Place of Business

**21 4450 S.W. 152 Avenue**

2a. Mailing Address

**26 4450 S.W. 152 Avenue**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

City & State

**23 Miami, Florida**

City & State

**28 Miami, Florida**

Zip

**24 33185**

Country

Zip

**29 33185**

Country

**30**

9. Name and Address of Current Registered Agent

**SKRLD, INC  
201 ALHAMBRA CIRCLE  
SUITE 1102  
CORAL GABLES, FL 33134**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and filed applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P WANDER, JEFFREY**  
STREET ADDRESS **4829 S.W. 154 AVENUE**  
CITY-ST-ZIP **MIAMI, FL**

TITLE ☐ DELETE

NAME **VP BRADDOCK, VIRGINIA**  
STREET ADDRESS **5029 S.W. 151 PLACE**  
CITY-ST-ZIP **MIAMI, FL**

TITLE ☐ DELETE

NAME **S HERAUX, REYNOLD**  
STREET ADDRESS **15343 S.W. 42 TERRACE**  
CITY-ST-ZIP **MIAMI, FL**

TITLE ☐ DELETE

NAME **T ALBUERNE, LUIS**  
STREET ADDRESS **14735 S.W. 54 TERRACE**  
CITY-ST-ZIP **MIAMI, FL**

TITLE ☐ DELETE

NAME **D SANTAMARINA, GEORGE**  
STREET ADDRESS **14730 S.W. 53 TERRACE**  
CITY-ST-ZIP **MIAMI, FL**

TITLE ☐ DELETE

NAME **D GONZALEZ, FERNANDO**  
STREET ADDRESS **15522 S.W. 42 LANE**  
CITY-ST-ZIP **MIAMI, FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

NAME **Director VEGA, SERGIO**  
1.3 STREET ADDRESS **4763 S.W. 154 AVENUE**  
1.4 CITY-ST-ZIP **MIAMI, FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**0000024960307**  
**-04/22/98--01011--030**  
**\*\*\*61.25**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Virginia Braddock*

Virginia Braddock

(305) 554-6141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)