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Apr 21 1998 8:00am
Secretary of State

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

1. Corporation Name
LAKES 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
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3. Date Incorporated or Qualified 07/22/1981	
4. FEI Number 59-2165738	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 4450 S.W. 152 Avenue Suite, Apt. #, etc.	2a. Mailing Address 26 4450 S.W. 152 Avenue Suite, Apt. #, etc.
22 City & State 23 Miami, Florida Zip 24 33185 Country	27 City & State 28 Miami, Florida Zip 29 33185 Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	WANDER, JEFFREY
STREET ADDRESS	4829 S.W. 154 AVENUE
CITY-ST-ZIP	MIAMI, FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	BRADDOCK, VIRGINIA
STREET ADDRESS	5029 S.W. 151 PLACE
CITY-ST-ZIP	MIAMI, FL
TITLE	S <input type="checkbox"/> DELETE
NAME	HERAUX, REYNOLD
STREET ADDRESS	15343 S.W. 42 TERRACE
CITY-ST-ZIP	MIAMI, FL
TITLE	T <input type="checkbox"/> DELETE
NAME	ALBUERNE, LUIS
STREET ADDRESS	14735 S.W. 54 TERRACE
CITY-ST-ZIP	MIAMI, FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SANTAMARINA, GEORGE
STREET ADDRESS	14730 S.W. 53 TERRACE
CITY-ST-ZIP	MIAMI, FL
TITLE	D <input type="checkbox"/> DELETE
NAME	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	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VEGA, SERGIO
1.3 STREET ADDRESS	4763 S.W. 154 AVENUE
1.4 CITY-ST-ZIP	MIAMI, FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Addition
6.2 NAME	000002496030
6.3 STREET ADDRESS	-04/22/98--01011--030
6.4 CITY-ST-ZIP	***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)