

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759252

1. Entity Name

LAKES OF THE MEADOW MASTER MAINTENANCE ASSOCIATI

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90118 028 ****61.25

Principal Place of Business 4450 S.W. 152 AVENUE MIAMI FL 33185 US	Mailing Address 4450 S.W. 152 AVENUE MIAMI FL 33185-4229 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2165738	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUTIE 1102
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANDER, JEFFREY	NAME	
STREET ADDRESS	4829 SW 154 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADDOCK, VIRGINIA	NAME	
STREET ADDRESS	5029 SW 151 PLACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERAUX, REYNOLD	NAME	
STREET ADDRESS	15343 SW 42 TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANTAMARINA, GEORGE	NAME	DIRECTOR
STREET ADDRESS	14730 SW 53 TERRACE	STREET ADDRESS	VEGA, SERGIO
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	4763 S.W. 154 AVENUE
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBUERNE, LUIS	NAME	
STREET ADDRESS	14735 SW 54 TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONZALEZ, FERNANDO	NAME	DIRECTOR
STREET ADDRESS	15522 SW 42 LANE	STREET ADDRESS	HASSON, DEBORAH
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	15200 S.W. 45 TERRACE
			MIAMI, FL 33185

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED* Jeffrey Wander 1/17/2000 305 554-6141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)