

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90183 033 ****61.25

DOCUMENT # 759252

1. Entity Name

**LAKES OF THE MEADOW MASTER MAINTENANCE ASSOCIATI
 ON, INC.**

Principal Place of Business

Mailing Address

**4450 S.W. 152 AVENUE
 MIAMI FL 33185
 US**

**4450 S.W. 152 AVENUE
 MIAMI FL 33185
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2165738

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 Delete
 NAME **P WANDER, JEFFREY**
 STREET ADDRESS **4829 SW 154 AVENUE**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **V BRADDOCK, VIRGINIA**
 STREET ADDRESS **5029 SW 151 PLACE**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S HERAUX, REYNOLD**
 STREET ADDRESS **15343 SW 42 TERRACE**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D VEGA, SERGIO**
 STREET ADDRESS **4763 SW 154TH AVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T ALBUERNE, LUIS**
 STREET ADDRESS **14735 SW 54 TERRACE**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME **D Eduardo Rodriguez**
 STREET ADDRESS **15565 SW 55 STREET**
 CITY-ST-ZIP **MIAMI FL 33185**

TITLE Delete
 NAME **D HASSON, DEBORAH**
 STREET ADDRESS **15200 S.W. 154 AVE**
 CITY-ST-ZIP **MIAMI FL 33185**

TITLE Change Addition
 NAME **D JORGE A. BACHMANN**
 STREET ADDRESS **15323 SW 52 TERRACE**
 CITY-ST-ZIP **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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-02

Date

305-554-6141

Daytime Phone #

CR2E037 (9/01)