

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90044 049 ****61.25

DOCUMENT # 759252					
1. Entity Name LAKES OF THE MEADOW MASTER MAINTENANCE ASSOCIATION, INC.					
Principal Place of Business 4450 S.W. 152 AVENUE MIAMI, FL 33185 US			Mailing Address 11981 SW 144 CT SUITE #201 MIAMI, FL 33186		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2165738	
Zip		Country		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WANDER, JEFFREY		NAME	Eduardo Rodriguez	
STREET ADDRESS	4829 SW 154 AVENUE		STREET ADDRESS	15565 SW 55 ST	
CITY-ST-ZIP	MIAMI, FL 33185		CITY-ST-ZIP	Miami FL 33185	
TITLE	P	<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 33185		CITY-ST-ZIP		
TITLE	S	<input checked="" 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 type="checkbox"/> Addition
NAME	VEGA, SERGIO		NAME		
STREET ADDRESS	4763 SW 154TH AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
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 type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACHMANN, JORGE A		NAME		
STREET ADDRESS	15323 SW 52 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33185		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Virginia M. Braddock</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>1-12-07</u> Daytime Phone #: <u>305/532-0267</u>	

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