


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90050 013 \*\*\*\*61.25

<b>DOCUMENT # 759252</b> 1. Entity Name <b>LAKES OF THE MEADOW MASTER MAINTENANCE ASSOCIATION, INC.</b>					
Principal Place of Business <b>4450 S.W. 152 AVENUE MIAMI, FL 33185 US</b>			Mailing Address <b>11981 SW 144 CT SUITE #201 MIAMI, FL 33186</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2165738</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SKRLD, INC. 201 ALHAMBRA CIRCLE SUTIE 1102 CORAL GABLES, FL 33134</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
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	DAVID J SIERRA	
STREET ADDRESS	4829 SW 154 AVENUE		STREET ADDRESS	4266 SW 153 PL	
CITY-ST-ZIP	MIAMI, FL 33185		CITY-ST-ZIP	MIAMI, FL 33185	
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADDOCK, VIRGINIA		NAME	Rodolfo Herbello	
STREET ADDRESS	5029 SW 151 PLACE		STREET ADDRESS	4911 SW 154 AVE	
CITY-ST-ZIP	MIAMI, FL 33185		CITY-ST-ZIP	MIAMI, FL 33185	
TITLE	SECRETARY	<input type="checkbox"/> Delete	TITLE		
NAME	RODRIGUEZ, EDUARDO		NAME		
STREET ADDRESS	15343 SW 42 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		
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		
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		
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, Pres</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3- 26- 2008 3/554-6141 <small>Date Daytime Phone #</small>		

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