

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90014 027 ****61.25

DOCUMENT # 767276

1. Entity Name

LAKES OF THE MEADOW VILLAGE HOMES MASTER MAINTEN

Principal Place of Business

Mailing Address

**GUARANTEE MGMT. SRVS.
 111 FONTAINEBLEAU BLVD.
 MIAMI FL 33172
 US**

**GUARANTEE MGMT. SRVS.
 111 FONTAINEBLEAU BLVD.
 MIAMI FL 33172
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2165738

Applied For

Not Applicable

Zip

Country

Zip

Country

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, #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 NAME STREET ADDRESS CITY-ST-ZIP	PO BERG, OLGA 15070 SW 49 LANE, #B MIAMI FL 33185	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIS, TERRI 15215 SW 48 TERRACE, #F MIAMI FL 33185	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ENGLAND, NANCY 15060 SW 49 LANE, #A MIAMI FL 33185	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEHAR, JOSEPH 15060 SW 49 LANE, #C MIAMI FL 33185	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, JOHN JORDAN 14945 E S.W. 48TH TERRACE, #E MIAMI FL 33185	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP D NOBOA, ANTHONY 15250-G SW 45 Lane MIAMI, FL 33185	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AYLSWORTH, Wm. 15000-D SW 49th Lane MIAMI, FL 33185	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

4/28/01

CR2E037 (10/00)