2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
05-09-2002 90014 027 ****61.25

DOCUMENT # 767276

1. Entity Name

LAKES OF THE MEADOW VILLAGE HOMES MASTER MAINTENANCE ASSOCIATION, INC. ✓

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Guarantee Mgt.	c/o Guarantee Mgmt.
Suite, Apt. #, etc.: 7200 NW 7 St., Suite 300	Suite, Apt. #, etc.: 7200 NW 7 St, Suite 300
City & State: Miami, FL	City & State: Miami, FL
Zip: 33126-2941 Country: USA	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, #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	D BERG, OLGA 15070 SW 49 LANE, #B MIAMI FL 33185	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD NOBOA, ANTHONY 15250-G SW 45 LANE MIAMI FL 33185	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ENGLAND, NANCY 15060 SW 49 LANE, #A MIAMI FL 33185	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALLSWORTH, WM 1500-D SW 49TH LANE MIAMI FL 33185	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD AYLSWORTH, WM. (Correct Spelling) 1500-D SW 49 Lane Miami, FL 33185	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MORAN, JOHN JORDAN 14945 E S.W. 48TH TERRACE, #E MIAMI FL 33185	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SKOKAN, JULIETA 15237-F SW 46 Lane Miami, FL 33185	☐ Change ☒ Addition

CR2E037 (9/01)

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 4/29/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #