2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90473 050 ****61.25

DOCUMENT # 767276

1. Entity Name
LAKES OF THE MEADOW VILLAGE HOMES MASTER MAINTENANCE ASSOCIATION, INC.

60032701

Principal Place of Business	Mailing Address
C/O GUARANTEE MGT 6925 N.W. 42ND STREET MIAMI, FL 33166 US	C/O GUARANTEE MGT 6925 N.W. 42ND STREET MIAMI, FL 33166-6820 US

04212006 Chg-NP CR2E037 (11/05)

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, #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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CABEZAS, LAZARO DP 14945 S.W. 49TH LANE #H MIAMI, FL 33185	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP ELKIN, BARBARA DVP 14945 S.W. 49TH LANE #F MIAMI, FL 33185	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ELKIN, BARBARA DS ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SKOKAN, JULIETA DS 15237 S.W. 46TH LANE, # F MIAMI, FL 33185	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SKOKAN, JULIETA DT ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DT~~ DP AYLSWORTH, WILLIAM ~~DT~~ DP 15000 S.W. 49TH LANE, #D MIAMI, FL 33185	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP AYLSWORTH, WILLIAM DP ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARDENAS, GABRIEL 15255 SW 45TH TERR #D MIAMI, FL 33185	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRUGER, KARIN D 15025 S.W. 49 LN, #A MIAMI, FL 33185 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DVP~~ ~~RIVERA, IRMA DVP~~ ~~14975 S.W. 49LN, #F~~ ~~MIAMI, FL 33185~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP RIVERA, IRMA DVP 14975 S.W. 49 LN, # F MIAMI, FL 33185 ☐ Change ☒ Addition

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: William Aylsworth 4/24/06 (305)554-0523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
WILLIAM AYLSWORTH