2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 8:00 am
Secretary of State
02-20-2008 90009 033 ****61.25

DOCUMENT # 767276

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

400287 30

01232008 Chg-NP CR2E037 (12/06)

Principal Place of Business	Mailing Address
~~C/O GUARANTEE MGT~~ ~~6925 N.W. 42ND STREET~~ ~~MIAMI, FL 33166 US~~ Joenso Prop, Inc.	~~C/O GUARANTEE MGT~~ ~~6925 N.W. 42ND STREET~~ ~~MIAMI, FL 33166-6826 US~~ Joenso Prop, Inc
2. Principal Place of Business - No P.O. Box # 13000 Sw 133 Ct	3. Mailing Address 13000 Sw 133 Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Miami, FL	City & State Miami FL
Zip 33186 Country US	Zip 33186 Country US.

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

Filing Fee is $61.25
Due by May 1, 2008

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	DS ELKIN, BARBARA DS 14945 S.W. 49TH LANE #F MIAMI, FL 33185	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SKOKAN, JULIE 15237 S.W. 46TH LANE, # F MIAMI, FL 33185	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARTINEZ, CARLOS 4910 SW 149 COURT #A MIAMI, FL 33185	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRUGER, KARIN D 15025 SW 49 LN #A MIAMI, FL 33185	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Maria Oramas 4860 SW 152 PL. # E 33185 Miami FL.	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP RIVERA, IRMA DVP 14975 SW49 LN #F 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		☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #