

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Myrtham Secretary of State DIVISION OF CORPORATIONS
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APPROVED
AND
FILED
1995 MAY -1 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00002 (8)

1. Corporation Name
**LAKE OF THE MEADOW VILLAGE HOMES CONDOMINIUM NO
TWO MAINTENANCE ASSOCIATION, INC.**

800001491968
-05/17/95--01147--009
****130.00 ****130.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O MIAMI MANAGEMENT, INC. 14538 SW 119 AVENUE MIAMI FL 33186	Mailing Address C/O MIAMI MANAGEMENT, INC. 14538 SW 119 AVENUE MIAMI FL 33186
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3. Date Incorporated or Qualified 11/22/1983	3a. Date of Last Report 02/21/1994
4. FEI Number 59-2370863	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent	
SKRLD, INC. 201 ALHAMBRA CIRCLE STE. 1102 CORAL GABLES FL 33134	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ **DATE** _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HODGES, SHARON 4825-D SW 149 COURT MIAMI FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD Jurado, Manuel 4900-c S. W. 149 CT Miami FL 33185 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD JURADO, MANUEL 4900-C SW 149 COURT MIAMI FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	SD Aixa Perez Silverira 4835-c S. W. 149 Ct. Miami FL 33185 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PEREZ, JOAQUIN 4900-C SW 149 COURT MIAMI FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	TD Sharon Hodges 4825-D S. W. 149 Ct Miami FL 33185 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sharon L. Hodges **11-20-95** **(305) 226-9103**
(Signature and typed or printed name of signing officer or director) (Date) (Telephone Number)
SHARON L. HODGES, Sec/Treas.