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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name

(8)

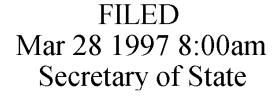
LAKES OF THE MEADOW VILLAGE HOMES CONDOMINIUM NO . TWO MAINTENANCE ASSOCIATION, INC.

C/O THE CONTINENTAL GROUP. 12079 SW 131 AVE MIAMI FL 33186

Principal Place of Business

Mailing Address

C/O THE CONTINENTAL GROUP. 12079 SW 131 AVE MIAMI FL 33186-6475





3a. Date of Last Report 03/20/1996

3. Date Incorporated or Qualified 11/22/1983

- 1	lace of Business [EW MANAGEMENT, IN	2a. Mailing Address Gall LAKEVIEW MANAGEMENT			4. FEI Number 59-2370863			plied For	
Suite, Apt		Suite, Apt. #, etc.	111100	1112111			\$8.75	Applicable	
22 1 3 3 8 8	SW 128 Street	27 13388 SW 128	Str	eet	5. Certificate of Status Desired		Fee Re		
City & State 23 Miami	e i, Florida	City & State Orida [28] Lakeview Manan						May Be	
Zip	Country	Zip	Country						
24 33186		29 33186 30 U			. The corporation has leading for intalligible tax dilate a. 199.002,				
B. Name and Address of Current Registered Agent					10. Name and Address of New Ro				
				81 Name					
SKRLD, INC.				82 Street Address (P.O. Box Number is Not Acceptable)					
201 ALHAMBRA CIRCLE				Silver radiose (1.5. Dex ratification for the radioptable)					
STE. 1102									
CORAL GABLES FL 33134				City			Tes 7:0 (Code	
[City		FL	85 Zip (Joue	
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered									
office or 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 617,0503, Florida Statutes.									
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND I		13.		ADDITIONS/CHANGES TO OFFI				
JITLE			1.1 TITLE			,	Change	Addition	
NAME	MARTINEZ, CARLOS							}	
STREET ADDRESS				ADDRESS				Į	
CITY-ST-ZIP	MIAMI FL 33185 1.40								
TITLE	VD	-,-	21 TITLE	M	AURO ARUELLO, VP		X Change	Addition	
NAME			2.2 NAME	4	1825 C SW 149 Count			[
STREET ADDRESS	A HALAN EL COACE		2.3 STREET	address	Miami, Florida 33:	185		}	
CHY-ST-ZIP	MIAMI FL 33185		2.4 CITY - S	T-ZIP				1.4200	
TITLE	TD	T DETEIF	3.1 TITLE	1		,	Change	Addition	
NAME	AND D. A.M. ALASTI COLUMN		3.2 NAME					1	
STREET ADDRESS	A MARKET PLANAGE		3.3 STREET			·		1	
CITY-ST-ZIP			3.4. CITY-S 4.1 TITLE	T-ZIP			Change	Addition	
NAME	ABJE CENTAD GL	NO PIPELLE	4.1 INLE	Ì		1	, Ollariye	LT MOUNT	
STREET ADDRESS	4870031490	١.	4. 2 NAME 4.3 STREET	*DDDCCC				ļ	
	miami FL. 33	3185		· · · · · · · · · · · · · · · · · · ·				ì	
CHY-ST-7/P TITLE	10.00.00		4.4 CITY-S' 5.1 TITLE	-414			Change	Addition	
NAME		bud - serie	5.2 NAME	ļ		'	Clasingo	- rounsy	
STREET ADDRESS			5.3 STREET	ADDRESS				Í	
CITY-ST-ZIP		2	5.4 CITY-S	1				1	
TITLE	· · · · · · · · · · · · · · · · · · ·		6.1 TITLE				Change	Addition	
NAME			62 NAME	ļ		,			
STREET ADDRESS			6.3 STREET	ADDRESS				1	
CITY-ST-ZIP			6.4 CITY-S	· l				Í	
14. I do heret	by certify that the information supplied w	ith this filing does not qualify for	the exer	notion state	led in Section 119,07(3)(i), Florida Statute	s. 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									

WWANTISH CILDOF POSM. Martinez 3/10/97 5918000