2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00002

FILED May 01, 2003 Secretary of State

Entity Name: LAKES OF THE MEADOW VILLAGE HOMES CONDOMINIUM NO. TWO MAINTENANCE ASSOCIATION,

Current Principal Place of Business: New Principal Place of Business:

GUARANTEE MGMT SVS 7200 NW 7TH ST. STE. 300 MIAMI, FL 331262941 US

Current Mailing Address: New Mailing Address:

GUARANTEE MGMT SVS 7200 NW 7TH ST. STE. 300 MIAMI, FL 331262941 US

FEI Number: 59-2370863 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SKRLD, INC 201 ALHAMBRA CIRCLE STE. 1102 CORAL GABLES, FL 33134 US

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:

Address:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete CHAUDRY, PATRICIA CHAUDRY, PATRICIA DP Name: Name: 4865 F SW 149TH CT. Address: 4865 F SW 149TH CT. Address: City-St-Zip: MIAMI, FL 33185 US City-St-Zip: MIAMI, FL 33185 US

Title: () Delete Title: (X) Change () Addition PEREZ-SILVIERA, IAXA L Name: Name: ORAMAS, VIVIAN M. DST Address: 4835C SW 149TH CT. Address: 4865 S.W. 149TH COURT. #G

City-St-Zip: MIAMI, FL 33185 City-St-Zip: MIAMI, FL 33185

Title: DST () Delete Title: DVP (X) Change () Addition GOMEZ DEL RIO, RITA RUIZ, OTTO DVP Name: Name:

4835B SW 149TH CT. 4875 S.W. 149TH COURT, #F Address: City-St-Zip: MIAMI, FL 33185 City-St-Zip: MIAMI, FL 33185

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA CHAUDRY DP 05/01/2003