

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 26, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # N93000005751****1. Entity Name**

LAKEWOOD AT MEADOW WOODS CONDOMINIUM ASSOCIATION, INC.

**Principal Place of Business****Mailing Address**

NE-AN SERVICES, INC.

%NE-AN SERVICES, INC.

6900 SILVER STAR RD., #206-A

P.O. BOX 680735

ORLANDO

FL

ORLANDO

FL

32818

US

32818

**2. Principal Place of Business**

NE-AN SERVICES, INC.

**3. Mailing Address**

%NE-AN SERVICES, INC.

Suite, Apt. #, etc.

6900 SILVER STAR RD., #202

Suite, Apt. #, etc.

P.O. BOX 680735

City &amp; State

ORLANDO

FL

City &amp; State

ORLANDO

FL

Zip

32818

Country

US

Zip

328680735

Country

**4. FEI Number****59-3203573**

Applied For

Not Applicable

**5. Certificate of Status Desired****\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

BAILEY NEIL

%NE-AN SERVICES, INC.

6900 SILVER STAR RD., SUITE 206-A

ORLANDO

FL

32818

US

**7. Name and Address of New Registered Agent**

Name

BAILEY NEIL

Street Address (P.O. Box Number is Not Acceptable)

%NE-AN SERVICES, INC.

6900 SILVER STAR RD., SUITE 202

City

ORLANDO

FL

Zip Code

32818

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

**05/26/2000**

DATE

**FILE NOW:**  
**FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State****10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
SD	GLOSSENGER BETTY	13864 TIMBERBROOKE DER 103	ORLANDO FL 32824	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	LIVEBANI NICHOLAS	13915 TIMBERLAND DR #204	ORLANDO FL 32824	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	RIQUAL JAIME	13820 TIMGER BROOKE DR #104	ORLANDO FL 32824	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TD	DECARLO ANTHONY	1030 GREENE COLLEGEVILLE	PA 194263198	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	SHULTZ WILLIAM	13864 TIMBERBROOKE DR., #204	ORLANDO FL 32824	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	TORRES SERGIO	13931 TIMBERLAND DR# 203	ORLANDO FL 32824	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
VPD	RIQUAL JAIME	13820 TIMGER BROOKE DR #104	ORLANDO FL 32824	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify 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 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.