

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005751

FILED
Apr 30, 2008
Secretary of State

Entity Name: LAKEWOOD AT MEADOW WOODS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

NE-AN SERVICES, INC.
13864 TIMBERBROOKE DR. #101
ORLANDO, FL 32824 US

New Principal Place of Business:

Current Mailing Address:

%NE-AN SERVICES, INC.
P.O. BOX 770446
ORLANDO,, FL 32877 US

New Mailing Address:

FEI Number: 59-3203573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NE-AN SERVICES
13864 TIMBERBROOKE DR.
101
ORLANDO, FL 32824 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KERR, BRUCE
Address: 13917 TIMBERLAND DR. # 203
City-St-Zip: ORLANDO, FL 32824 US

Title: TD () Delete
Name: BATCHELOR, ROBERT
Address: 13814 TIMBERBROOKE DR. #201
City-St-Zip: ORLANDO, FL 32824 US

Title: D () Delete
Name: NAGY, BARBARA
Address: 13828 TIMBERBROOKE DR # 201
City-St-Zip: ORLANDO, FL 32824 US

Title: VPD () Delete
Name: SHIELDS, LEONARD
Address: 13945 TIMBERLAND DER #202
City-St-Zip: ORLANDO, FL 32824 US

Title: SD () Delete
Name: CANDIDA, MERCADO
Address: 13800 TIMBERBROOKE DR #202
City-St-Zip: ORLANDO, FL 32824 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HECTOR, REYES
Address: 13815 TIMBERLAND DR. # 204
City-St-Zip: ORLANDO, FL 32824 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: NEIL BAILEY

RA

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date