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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767277 (7)

1. Corporation Name

LAKE OF THE MEADOW VILLAGE HOMES CONDOMINIUM NO
ONE MAINTENANCE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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



3. Date Incorporated or Qualified
03/03/1983

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

2. Principal Place of Business

2a. Mailing Address

21 C/O Lakeview Management

26 C/O Lakeview Management

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 13388 SW 128 ST

27 13388 SW 128 ST

City & State

City & State

23 Miami, FL

28 MIAMI, FL

Zip

Country

Zip

Country

24 33186

25 FL

29 33186

30 FL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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 DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME RIVERA, IRMA DE
STREET ADDRESS 14975 FF SW 49TH LANE
CITY-ST-ZIP MIAMI FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition
Irma P. Rivera

TITLE D
NAME AYLSWORTH, BILLY
STREET ADDRESS 15000 D SW 49TH LANE
CITY-ST-ZIP MIAMI FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME SKOKAN, JULIE
STREET ADDRESS 15237 F SW 46TH LANE
CITY-ST-ZIP MIAMI FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition
D BARBARA ELKIN
14945 F SW 49 LANE
MIAMI, FL 33185

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition
Barbara Elkin

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition
D Pauline MANN
4925 SW 49 CT - D
MIAMI, FL 33185

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)