

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 17, 1999 8:00 am  
Secretary of State

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DOCUMENT #

767277

1. Corporation Name

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

Principal Place of Business

Mailing Address

Guarantee Mgmt. Srvs.  
111 Fontainebleau Blvd.  
Miami, FL 33172

Guarantee Mgmt. Srvs.  
111 Fontainebleau Blvd.  
Miami, FL 33172

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

03/03/1977

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-2341212

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKRLD, INC.  
201 ALHAMBRA CIRCLE  
SUITE #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 ☐ DELETE  
NAME RIVERA, IRMA DE  
STREET ADDRESS 14975-F SW 49 LANE  
CITY-ST-ZIP MIAMI, FL 33185

1.1 TITLE TD ☒ Change ☐ Addition  
1.2 NAME ELKIN, BARBARA  
1.3 STREET ADDRESS 14945-F SW 49 LANE  
1.4 CITY-ST-ZIP MIAMI, FL 33185

TITLE D ☒ DELETE  
NAME AYLSWORTH, WILLIAM  
STREET ADDRESS 15000-D SW 49 LANE  
CITY-ST-ZIP MIAMI, FL 33185

2.1 TITLE SD ☒ Change ☐ Addition  
2.2 NAME Mann, Pauline  
2.3 STREET ADDRESS 4925-D SW 149 COURT  
2.4 CITY-ST-ZIP MIAMI, FL 33185

TITLE D ☒ DELETE  
NAME SKOKAN, JULIE  
STREET ADDRESS 15237-F SW 46 LANE  
CITY-ST-ZIP MIAMI, FL 33185

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

TITLE D ☒ DELETE  
NAME ELKIN, BARBARA  
STREET ADDRESS 14945-F SW 49 LANE  
CITY-ST-ZIP MIAMI, FL 33185

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

TITLE D ☒ DELETE  
NAME MANN, PAULINE  
STREET ADDRESS 4925-D SW 149 COURT  
CITY-ST-ZIP MIAMI, FL 33185

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)