## 2002 UNIFORM BUSINESS REPORT (UBR) FILED May 09, 2002 8:00 am Secretary of State **DOCUMENT # 767277** 1. Entity Name LAKES OF THE MEADOW VILLAGE HOMES CONDOMINIUM NO 05-09-2002 90014 028 \*\*\*\*61.25 ONE MAINTENANCE ASSOCIATION, INC. Principal Place of Business Mailing Address GUARANTEE MGMT SVC. GUARANTEE MGMT SVC. 111 FOUNTAINBLEAU BLVD 111 FOUNTAINBLEAU BLVD B0093072 MIAMI FL 33172 MIAMI FL 33172 US Principal Place of Busines Mailing Address 90 Guarantes lo anawke Management 200 NW 1 DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Manu Applied For 59-2341212 Not Applicable Country Country 33126-*29*4 93126-2941 \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SKRLD, INC. Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE, STE. 1102 CORAL GABLES FL 33134 Zip Code FL 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 reinstaling) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE $\Delta ST$ NAME 💢 Change (9/01) RIVERA, IRMA DE ☐ Addition NAME STREET ADDRESS 14975 FF SW 49TH LANE STREET ADDRESS CITY-ST-ZIP miami fl CITY-ST-ZIP **VPD** Delete TITLE NAME MANN, PAULINE 🗋 Addition NAME CABEZAS, LAZ ARO STREET ADDRESS 4925 SW 149 CT D STREET ADDRESS 14945-H Sw 49 Lare CITY-ST-ZIP MIAMI FL 33185 CITY-ST-7IP MIAMI TITLE vPD Delete TITLE NAME ROSADO, WANDA Addition Addition MANGINO, KATHY 14980-9 SW 49 MIAMI FL 3318 NAME STREET ADDRESS 14965 SW 496-F STREET ADDRESS CITY-ST-ZIP MIAMI FL 33185 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 SIGNATURE: عاة الله الله

SIGNATURE AND TYPED OR PRINTED NAME OF