

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767277

FILED  
Apr 30, 2004  
Secretary of State

**Entity Name:** LAKES OF THE MEADOW VILLAGE HOMES CONDOMINIUM NO. ONE MAINTENANCE ASSOCIATION, INC.

**Current Principal Place of Business:**

GUARANTEE MGMT SVC.  
7200 NW 7 ST. STE 300  
MIAMI, FL 331262941 US

**New Principal Place of Business:**

GUARANTEE MGMT SVC.  
6925 N.W. 42ND STREET  
MIAMI, FL 331666820 US

**Current Mailing Address:**

GUARANTEE MGMT SVC.  
7200 NW 7 ST. STE 300  
MIAMI, FL 331262941 US

**New Mailing Address:**

GUARANTEE MGMT SVC.  
6925 N.W. 42ND STREET  
MIAMI, FL 331262941 US

FEI Number: 59-2341212

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SKRLD, INC.  
201 ALHAMBRA CIRCLE, STE. 1102  
CORAL GABLES, FL 33134 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: DST ( ) Delete  
Name: RIVERA, IRMA DE DST  
Address: 14975 FF SW 49TH LANE  
City-St-Zip: MIAMI, FL 33185

Title: DP ( ) Delete  
Name: CABEZAS, LAZARO DP  
Address: 14945-H SW 49 LANE  
City-St-Zip: MIAMI, FL 33185

Title: DVP ( ) Delete  
Name: MANCINO, KATHY DVP  
Address: 14980-G SW 49 LANE.  
City-St-Zip: MIAMI, FL 33185

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DST (X) Change ( ) Addition  
Name: ELKIN, BARBARA DST  
Address: 14945 W.E. 48TH LANE #F  
City-St-Zip: MIAMI, FL 33185

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

Title: DVP (X) Change ( ) Addition  
Name: MANCINO, CATHY DVP  
Address: 14980-G SW 49 LANE.  
City-St-Zip: MIAMI, FL 33185

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CATHY MANCINO

DVP

04/30/2004

Electronic Signature of Signing Officer or Director

Date