

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90022 036 \*\*\*\*61.25

<b>DOCUMENT # 767277</b>					
<b>1. Entity Name</b> LAKES OF THE MEADOW VILLAGE HOMES CONDOMINIUM NO. ONE MAINTENANCE ASSOCIATION, INC.					
<b>Principal Place of Business</b> GUARANTEE MGMT SVC. 6925 N.W. 42ND STREET MIAMI, FL 33166-6820 US			<b>Mailing Address</b> GUARANTEE MGMT SVC. 6925 N.W. 42ND STREET MIAMI, FL 33126-2941 US		
-Joenso Prop., Inc.			-Joenso Prop., Inc.		
<b>2. Principal Place of Business - No P.O. Box #</b> 13000 Sw 133 Ct.		<b>3. Mailing Address</b> 13000 Sw 133 Ct.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Miami, FL		<b>City &amp; State</b> Miami, FL		<b>4. FEI Number</b> 59-2341212	
<b>Zip</b> 33186		<b>Country</b>		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> SKRLD, INC. 201 ALHAMBRA CIRCLE, STE. 1102 CORAL GABLES, FL 33134			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			Zip Code		
FL			FL		
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> DP	<b>NAME</b> ELKIN, BARBARA	<input type="checkbox"/> Delete	<b>TITLE</b> 14945 S.W. 49TH LANE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 14945-F SOUTHWEST 48 LANE					
<b>CITY-ST-ZIP</b> MIAMI, FL 33185					
<b>TITLE</b> DVP	<b>NAME</b> RIVERA, IRMA	<input type="checkbox"/> Delete	<b>TITLE</b> 14975-F SOUTHWEST 49 LANE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 14975-F SOUTHWEST 49 LANE					
<b>CITY-ST-ZIP</b> MIAMI, FL 33185					
<b>TITLE</b> DST	<b>NAME</b> MANCINO, CATHY	<input type="checkbox"/> Delete	<b>TITLE</b> 14980-G SOUTHWEST 49 LANE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 14980-G SOUTHWEST 49 LANE					
<b>CITY-ST-ZIP</b> MIAMI, FL 33185					
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 					
<b>CITY-ST-ZIP</b> 					
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 					
<b>CITY-ST-ZIP</b> 					
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 					
<b>CITY-ST-ZIP</b> 					
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					