

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 767277

FILED
May 01, 2003
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:

Current Mailing Address:

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

New Mailing Address:

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
Address: 14975 FF SW 49TH LANE
City-St-Zip: MIAMI, FL

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change () Addition
Name: RIVERA, IRMA DE DST
Address: 14975 FF SW 49TH LANE
City-St-Zip: MIAMI, FL 33185

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

Title: DVP (X) Change () Addition
Name: MANCINO, KATHY 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: LAZARO CABEZAS

DP

05/01/2003

Electronic Signature of Signing Officer or Director

Date