

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90014 031 ****61.25

DOCUMENT # N02824

1. Entity Name

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

Principal Place of Business

Mailing Address

**GUARANTEE MGMT SRV.
 111 FOUNTAINBLEAU BLVD
 MIAMI FL 33172**

**GUARANTEE MGMT SRV.
 111 FOUNTAINBLEAU BLVD
 MIAMI FL 33172**

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
to Guarantee Management
 Suite, Apt. #, etc.
7200 N.W. 7 St, Suite 300

3. Mailing Address
to Guarantee Management
 Suite, Apt. #, etc.
7200 N.W. 7 St, Suite 300

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
59-2444354

Applied For
 Not Applicable

Zip
33126-2941

Country
USA

Zip
33126-2941

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SKRLD, INC.
 201 ALHAMBRA CIRCLE
 STE. 1102
 CORAL GABLES FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 COBIA, MAYRA
 4865-H SW 152 CT
 MIAMI FL 33185** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VPD
 MISHIK, MARGARET
 4855 SW 152 CT E
 MIAMI FL 33185** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DP ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**STD
 COBIA, MANLY
 4865-H SW 152 CT
 MIAMI FL 33185** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DST
 RAMIA, JUAN CARLOS
 4848-F SW. 152 CT.
 Miami, FL 33185** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DVP
 BABUARDI, VICTOR
 4832-E SW 152 CT.
 Miami, FL 33185** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Margaret Mishik
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02 305-229-1765

CR2E037 (9/01)