
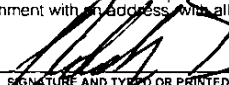



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90042 025 ****61.25

DOCUMENT # N06000005734 1. Entity Name LAKE OF THE MEADOW 157TH AVENUE EASEMENT ASSOCIATION, INC.					
Principal Place of Business 4450 S.W. 152 AVENUE MIAMI, FL 33185			Mailing Address 4450 S.W. 152 AVENUE MIAMI, FL 33185		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04232007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 33-1141778	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMICO, SILVIO 6401 S.W. 87TH AVENUE 120 MIAMI, FL 33173				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS					
TITLE	P,D	<input type="checkbox"/> Delete			
NAME	PEREZ, ADOLFO				
STREET ADDRESS	15625 S.W. 42ND TERRACE				
CITY- ST- ZIP	MIAMI, FL 33185				
TITLE	VP,D	<input type="checkbox"/> Delete			
NAME	AMICO, SILVIO				
STREET ADDRESS	5400 S.W. 156 TH PLACE				
CITY- ST- ZIP	MIAMI, FL 33185				
TITLE	S,D	<input type="checkbox"/> Delete			
NAME	KAUFMAN, HENRY				
STREET ADDRESS	4620 S.W. 156 TH PLACE				
CITY- ST- ZIP	MIAMI, FL 33185				
TITLE	T,D	<input type="checkbox"/> Delete			
NAME	VARGAS, ANTONIO				
STREET ADDRESS	4660 S.W. 156TH PLACE				
CITY- ST- ZIP	MIAMI, FL 33185				
TITLE	T.D.	<input type="checkbox"/> Delete			
NAME	SAN PEDRO, JOE				
STREET ADDRESS	5320 S.W. 156TH PLACE				
CITY- ST- ZIP	MIAMI, FL 33185				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
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.					
SIGNATURE:  Adolfo Perez 4/25/07 305/593-2080 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000005734	
1. Entity Name LAKE OF THE MEADOW 157TH AVENUE EASEMENT ASSOCIATION, INC.	

ATTACHMENT

Principal Place of Business 4450 S.W. 152 AVENUE MIAMI, FL 33185	Mailing Address 4450 S.W. 152 AVENUE MIAMI, FL 33185
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40096126

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03282007 Chg-NP CR2E037 (12/06)

4. FEI Number 33-1141778	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent AMICO, SILVIO 6401 S.W. 87TH AVENUE 120 MIAMI, FL 33173		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.D PEREZ, ADOLFO <input type="checkbox"/> Delete 15625 S.W. 42ND TERRACE MIAMI, FL 33185	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP.D AMICO, SILVIO <input type="checkbox"/> Delete 5400 S.W. 156 TH PLACE MIAMI, FL 33185	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S.D KAUFMAN, HENRY <input type="checkbox"/> Delete 4620 S.W. 156 TH PLACE MIAMI, FL 33185	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T.D VARGAS, ANTONIO <input type="checkbox"/> Delete 4660 S.W. 156TH PLACE MIAMI, FL 33185	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T.D. SAN PEDRO, JOE <input type="checkbox"/> Delete 5320 S.W. 156TH PLACE MIAMI, FL 33185	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Adolfo Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07 305/593-2080
Date Daytime Phone #