

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-14-2008 90022 050 \*\*\*\*61.25

<b>DOCUMENT # N13043</b> 1. Entity Name <b>LAKES OF THE MEADOW VILLAGE HOMES CONDOMINIUM NO. SEVEN MAINTENANCE ASSOCIATION, INC.</b>			
Principal Place of Business <b>C/O GUARANTEE MANAGEMENT 6925 NW 42ND STREET MIAMI, FL 33166-6820 US</b>		Mailing Address <b>C/O GUARANTEE MANAGEMENT 6925 NW 42ND STREET MIAMI, FL 33166-6820 US</b>	
2. Principal Place of Business - No P.O. Box # <b>13000 Sw 133 Ct</b> Suite, Apt. #, etc.		3. Mailing Address <b>13000 Sw 133 Ct.</b> Suite, Apt. #, etc.	
City & State <b>Miami, FL</b> Zip <b>33186</b>		City & State <b>Miami, FL</b> Zip <b>33186</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>59-2778899</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SKRLD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<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>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ORAMAS, RAFAEK 4860 SW 152ND PLACE E. MIAMI, FL 33185	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ORAMAS, MARIA 4860 SW 152 PL-E MIAMI, FL 33185	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CANO, CLIFTON DST 4860 SW 152 PL-G MIAMI, FL 33185	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>2/11/07</b> Daytime Phone #	