

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90039 025 \*\*\*\*61.25

<b>DOCUMENT # N26950</b>					
<b>1. Entity Name</b> LAKES OF THE MEADOW VILLAGE HOMES CONDOMINIUM NO. NINE MAINTENANCE ASSOCIATION, INC.					
<b>Principal Place of Business</b> GUARANTEE MGMT. SRVS. 6925 NW 42ND STREET MIAMI, FL 33166-6820 <i>-Joenso Prop. Inc.</i>			<b>Mailing Address</b> GUARANTEE MGMT. SRVS. 6925 NW 42ND STREET MIAMI, FL 33126 <i>-Joenso Prop. Inc.</i>		
<b>2. Principal Place of Business - No P.O. Box #</b> 13000 Sw 133 Ct Suite, Apt. #, etc.			<b>3. Mailing Address</b> 13000 Sw 133 Ct Suite, Apt. #, etc.		
<b>City &amp; State</b> Miami, FL		<b>City &amp; State</b> Miami, FL		<b>4. FEI Number</b> 65-0071315	
<b>Zip</b> 33186		<b>Country</b> US		<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 CIR. #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 <b>FL</b> Zip Code	
<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>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<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> AYLSWORTH, WILLIAM E DP		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 12307 SW 143 RD LN	<b>CITY-ST-ZIP</b> MIAMI, FL 33185		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> DST	<b>NAME</b> MANITO, LILLIAM		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 15065 SW 49 LN #F	<b>CITY-ST-ZIP</b> MIAMI, FL 33185		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> VP	<b>NAME</b> RODRIGUEZ, HUGO		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 14990 SW 49 LN #B	<b>CITY-ST-ZIP</b> MIAMI, FL 33185		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> _____	<b>NAME</b> _____		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> _____	<b>NAME</b> _____		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> _____	<b>NAME</b> _____		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<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> <i>William Aylsworth</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

*William Aylsworth*