FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

FILED
95 FEB 28 AM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005751 (3)

1. Corporation Name
LAKEWOOD AT MEADOW WOODS CONDOMINIUM ASSOCIATION , INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~431 E CENTRAL #220 ORLANDO FL 32802~~ 918 Bradshaw Ter Orlando, Fl 32806	% FLORIDA MGMNT P.O. BOX 73 ORLANDO FL 32802

3. Date Incorporated or Qualified: 12/22/1993
3a. Date of Last Report: 08/26/1994
4. FEI Number: 59-3203573 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 C/o Florida Management
Suite, Apt. #, etc.
22 918 Bradshaw Ter
City & State
23 Orlando, Fl
Zip 24 32806 Country 25 Orange

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

~~J. FLORIDA MANAGEMENT~~
~~431 E. CENTRAL BLVD.~~
~~SUITE 220~~
~~ORLANDO FL 32802~~

10. Name and Address of New Registered Agent

81 Name: Neil Bailey
82 Street Address (P.O. Box Number is Not Acceptable): 918 Bradshaw Terrace
83
84 City: Orlando FL 85 Zip Code: 32806

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] Neil J. Bailey 1-22-95
(If changing, type or print name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	O'HARA, CHARLES D	1.2 NAME	
STREET ADDRESS	2533 BOGGY CREEK RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34744	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	PALMISCIANO, CARL	2.2 NAME	
STREET ADDRESS	2533 BOGGY CREEK RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34744	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, MORRIS	3.2 NAME	
STREET ADDRESS	2533 BOGGY CREEK RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34744	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BYNUM, RICHARD	4.2 NAME	
STREET ADDRESS	13917 TIMBERLAND DR. #202	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32824	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] V.P. 2-24-95 407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004073