FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005751 (3)

1. Corporation Name

LAKEWOOD AT MEADOW WOODS CONDOMINIUM ASSOCIATION , INC.

Principal Place of Business	Mailing Address
C/O FLORIDA MANAGEMENT 918 BRADSHAW TERRACE ORLANDO FL 32806 US	% FLORIDA MGMNT P.O. BOX 73 ORLANDO FL 32802

3. Date Incorporated or Qualified: 12/22/1993
3a. Date of Last Report: 02/28/1995

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BAILEY, NEIL
918 BRADSHAW TERRACE
SUITE 220
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Neil Bailey 1-15-96
Signature, typed or printed 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	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	~~O'HARA, CHARLES D~~		1.2 NAME	RICHARD BYNUM	
STREET ADDRESS	~~2533 BOGGY CREEK RD.~~		1.3 STREET ADDRESS	13917 TIMBERLAND Dr. #202	
CITY-ST-ZIP	~~KISSIMMEE FL 34744~~		1.4 CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE	VD	☐ DELETE	2.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	~~PALMISCIANO, CARL~~		2.2 NAME	BRUCE ICETT	
STREET ADDRESS	~~2533 BOGGY CREEK RD.~~		2.3 STREET ADDRESS	13917 TIMBERLAND Dr. #203	
CITY-ST-ZIP	~~KISSIMMEE FL 34744~~		2.4 CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE	STD	☐ DELETE	3.1 TITLE	ST/D	☒ Change ☐ Addition
NAME	~~WILLIAMS, MORRIS~~		3.2 NAME	BILL SHULTZ	
STREET ADDRESS	~~2533 BOGGY CREEK RD.~~		3.3 STREET ADDRESS	143 - DECOTA DR.	
CITY-ST-ZIP	~~KISSIMMEE FL 34744~~		3.4 CITY-ST-ZIP	STOUGHTON, MA 02072	
TITLE	~~D~~	☐ DELETE	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		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	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)(k), 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: Bruce Ester 1-15-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)