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

APPROVED AND FILED

1996 SEP -3 PM 2:22

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N 96000005751 (3)

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

Principal Place of Business	Mailing Address
CHANGE	CHANGE

2. Principal Place of Business	2a. Mailing Address
21 NE-AN SERVICES INC	26 NE-AN SERVICES INC
Suite, Apt. #, etc. 22 6900-Silverstar Rd. #206A	Suite, Apt. #, etc. 27 PO BOX 680735
City & State 23 ORLANDO, FL	City & State 28 ORLANDO, FL
Zip 24 32818 Country 25 USA	Zip 29 32818 Country 30 USA

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

NEIL J. BAILEY
C/O NE-AN SERVICES
6900-Silverstar Rd. #206A
ORLANDO, FL 32818

10. Name and Address of New Registered Agent

81 Name: NEIL J BAILEY
82 Street Address (P.O. Box Number is Not Acceptable): 6900-Silverstar Rd. Suite 206A
83
84 City: ORLANDO FL 85 Zip Code: 32818

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: [signature] NEIL J BAILEY 7-19-96
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	P/D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	WILLIAM SHULTZ		12 NAME	
STREET ADDRESS	13864-Timberbrooke Dr. #204		13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32824		14 CITY-ST-ZIP	
TITLE	VP/D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	BRUCE KERR		22 NAME	
STREET ADDRESS	13917-Timberland Dr. #203		23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32824		24 CITY-ST-ZIP	
TITLE	S/D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	RICHARD BYNUM		32 NAME	
STREET ADDRESS	13917-Timberland Dr. #202		33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32824		34 CITY-ST-ZIP	
TITLE	T/D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	ANTHONY DECARLO		42 NAME	
STREET ADDRESS	2118-Alexander Dr.		43 STREET ADDRESS	
CITY-ST-ZIP	Norristown, PA 19403		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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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: [signature] WILLIAM SHULTZ 7/19/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #