FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State
03-16-1999 90138 050 ****61.25

0076677

DOCUMENT # N93000005751

1. Corporation Name

LAKEWOOD AT MEADOW WOODS CONDOMINIUM ASSOCIATION , INC.

Principal Place of Business	Mailing Address
NE-AN SERVICES, INC. 6900 SIVER STAR RD., #206-A ORLANDO FL 32818 US	%NE-AN SERVICES, INC. P.O. BOX 680735 ORLANDO FL 32818

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/22/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3203573 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BAILEY, NEIL
%NE-AN SERVICES, INC.
6900 SILVER STAR RD., SUITE 206-A
ORLANDO FL 32818

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 _____ 3/14/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHULTZ, WILLIAM 13864 TIMBERBROOKE DR., #204 ORLANDO FL 32824	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	TD ANTHONY DECARLO 1030 GREENE'S WAY CIRCLE COLLEGEVILLE, PA 19426-3198	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ~~BYNUM, RICHARD~~ ~~13917 TIMBERLAND DR., #202~~ ~~ORLANDO FL 32824~~	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D JAIME RIQUAL 13828 TIMBERBROOKE DR. #104 ORLANDO, FL 32824	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~WHITE, DONNA~~ ~~13800 TIMBERBROOKE DR, 102~~ ~~ORLANDO FL 32824~~	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D NICHOLAS LIVERANI 13915 TIMBERLAND Dr. #204 ORLANDO, FL. 32824	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~SEPULVEDA, JORGE~~ ~~13843 TIMBERLAND DR 203~~ ~~ORLANDO FL 32824~~	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GLOSSENGER, BETTY 13864 TIMBERBROOKE DER 103 ORLANDO FL 32824	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: William E Shultz 3/14/99 (407) 296-0124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #