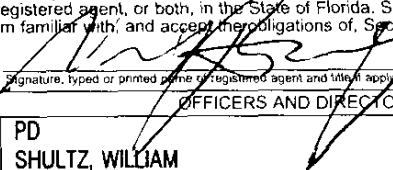


FILE NOW: FILING FEE IS \$61.25

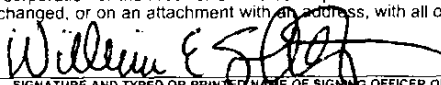
FILED
Mar 16, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000005751					
1. Corporation Name LAKEWOOD AT MEADOW WOODS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business NE-AN SERVICES, INC. 6900 SILVER STAR RD., #206-A ORLANDO FL 32818 US			Mailing Address %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 Qualified 12/22/1993	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3203573	
City & State 23		City & State 28		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 24		Country 25		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  (NOTE: Registered Agent signature required when reinstating) DATE 3/11/99					
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 RIGUAL 13820 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 LIVEBANI 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

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:  DATE: **3/11/99** DAYTIME PHONE #: **407-2916114**

CR2E037 (11/98)