2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
04-23-2001 90035 012 ****61.25

DOCUMENT # N93000005751

1. Entity Name

LAKEWOOD AT MEADOW WOODS CONDOMINIUM ASSOCIATION

Principal Place of Business	Mailing Address
NE-AN SERVICES. INC. 6900 SIVER STAR RD.. #202 ORLANDO FL 32818 US	%NE-AN SERVICES. INC. P.O. BOX 680735 ORLANDO FL 32868-0735

953289

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3203573 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAILEY, NEIL %NE-AN SERVICES, INC. 6900 SILVER STAR RD., SUITE 202 ORLANDO FL 32818	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHULTZ, WILLIAM 13864 TIMBERBROOKE DR., #204 ORLANDO FL 32824	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EARL ERICKSON 13801 TIMBERLAND DR. #101 ORLANDO, FL 32824	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DECARLO, ANTHONY 1030 GREENE'S WAY CIRCLE COLLEGEVILLE PA 19426-3198	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD IRIS SANTINI 13829 TIMBERLAND DR # 204 ORLANDO, FL 32824	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD RIQUAL, JAIME 13820 TIMGER BROOKE DR #104 ORLANDO FL 32824	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TORRES, SERGIO 13931 TIMBERLAND DR# 203 ORLANDO FL 32824	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GLOSSENGER, BETTY 13864 TIMBERBROOKE DER 103. ORLANDO FL 32824	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 04-30-01 4072966174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #