2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 AM
Secretary of State

DOCUMENT# N93000005751

Entity Name: LAKEWOOD AT MEADOW WOODS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

NE-AN SERVICES, INC.
6900 SIVER STAR RD., #202
ORLANDO, FL 32818 US

New Principal Place of Business:

NE-AN SERVICES, INC.
352 ASHBOURNE DR
ORLANDO, FL 32835 US

Current Mailing Address:

%NE-AN SERVICES, INC.
P.O. BOX 680735
ORLANDO, FL 328680735

New Mailing Address:

FEI Number: 59-3203573 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAILEY, NEIL
%NE-AN SERVICES, INC.
6900 SILVER STAR RD., SUITE 202
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

BAILEY, NEIL
%NE-AN SERVICES, INC.
352 ASHBOURNE DR
ORLANDO, FL 32835 US

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: _____ 05/01/2002
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ERICKSON, EARL
Address: 13801 TIMBERLAND DR., #101
City-St-Zip: ORLANDO, FL 32824

Title: TD ( ) Delete
Name: SANTINI, IRIS
Address: 13829 TIMBERLAND DR., #204
City-St-Zip: ORLANDO, FL 32824

Title: VPD ( ) Delete
Name: RIQUAL, JAIME
Address: 13820 TIMGER BROOKE DR #104
City-St-Zip: ORLANDO, FL 32824

Title: SD ( ) Delete
Name: GLOSSENGER, BETTY
Address: 13864 TIMBERBROOKE DER 103
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY GLOSSENGER SD 05/01/2002
Electronic Signature of Signing Officer or Director — Date