2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# N93000005751

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

Current Principal Place of Business:

NE-AN SERVICES, INC.
13864 TIMBERBROOKE DR. # 104
ORLANDO, FL 32824 US

New Principal Place of Business:

NE-AN SERVICES, INC.
13801 TIMBERLAND DR. . # 102
ORLANDO, FL 32824 US

Current Mailing Address:

%NE-AN SERVICES, INC.
P.O. BOX 770446
ORLANDO,, FL 32877 US

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:

NE-AN SERVICES
13864 TIMBERBROOKE DR.
104
ORLANDO, FL 32824 US

Name and Address of New Registered Agent:

NE-AN SERVICES
13801 TIMBERLAND DR.
102
ORLANDO, FL 32824 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: NEIL J. BAILEY 04/27/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MALE, WAYNE
Address: 127 DAISY ST
City-St-Zip: HOMOSASSA, FL 34446 US

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

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

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

Title: SD ( ) Delete
Name: CANDIDA, MERCADO
Address: 13800 TIMBERBROOKE DR
City-St-Zip: ORLANDO, FL 32824 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: MALE, WAYNE
Address: 127 DAISY ST
City-St-Zip: HOMOSASSA, FL 34446 US

Title: PD (X) Change ( ) Addition
Name: SANTINI, IRIS
Address: 13829 TIMBERLAND DR., #204
City-St-Zip: ORLANDO, FL 32824 US

Title: D (X) Change ( ) Addition
Name: RIQUAL, JAIME
Address: 13820 TIMGER BROOKE DR #104
City-St-Zip: ORLANDO, FL 32824 US

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: IRIS SANTINI PD 04/27/2004
Electronic Signature of Signing Officer or Director Date