

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 754944 (7)
1. Corporation Name
LAGO MAR MEMBERSHIP ASSOCIATION, INC.



Principal Place of Business: **500 NW 127TH AVE FT LAUDERDALE FL 33325**
Mailing Address: **500 NW 127TH AVE FT LAUDERDALE FL 33325**

3. Date Incorporated or Qualified: **10/31/1980**
3a. Date of Last Report: **05/01/1995**

21	22	23	24	25	26	27	28	29	30	4. FEI Number 59-2032069	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>	
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State		Zip		Country		\$5.00 May Be Added to Fees	
City & State		City & State		Zip		Country		Zip		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CARPENTER, JOSEPH JR 301 NW 131ST ST PLANTATION FL 33325				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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP MARTINEAU, LAWRENCE 13101 SW 33RD CT PLANTATION FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DS CARPENTER, JOSEPH JR 301 NW 131ST AVE PLANTATION FL	<input type="checkbox"/> DELETE	1.2 NAME Paul Gentile 10376 S.W. 18 ST Davie, FL
STREET ADDRESS	DV GENTILE, PAUL 10376 SW 18TH ST DAVIE FL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS
CITY-ST-ZIP	T CORNETT, HAROLD 2905 SW 81ST TERRACE DAVIE FL	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	2.1 TITLE
		<input type="checkbox"/> DELETE	2.2 NAME
		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	3.1 TITLE V-President Donald Duffy 1720 S.W. 68 Ave Plantation, FL 33317
		<input type="checkbox"/> DELETE	3.2 NAME
		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	4.1 TITLE
		<input type="checkbox"/> DELETE	4.2 NAME
		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	5.1 TITLE Elena Morland - Director PO Box 17647 Plantation, FL 33318
		<input type="checkbox"/> DELETE	5.2 NAME
		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	6.1 TITLE D John Totoiu 130 NW 130 Ave Plantation, FL 33325
		<input type="checkbox"/> DELETE	6.2 NAME
		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/11/96
Date

Daytime Phone #

CR2E037 (12/95)