

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2002 8:00 am**  
**Secretary of State**

09-18-2002 90050 009 \*\*\*\*61.25

**DOCUMENT # 754944**

1. Entity Name

**LAGO MAR MEMBERSHIP ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

500 NW 127TH AVE  
 FT LAUDERDALE FL 33325

500 NW 127TH AVE  
 FT LAUDERDALE FL 33325

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2032069**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WOULFE, RICHARD**  
**1126 SE 7 STREET**  
**FORT LAUDERDALE FL 33301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002, min. will be \$236.25.**

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	D	<input checked="" type="checkbox"/> Delete
NAME	ORR, SCOTT	
STREET ADDRESS	500 NW 127TH AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33325	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	NASTRO, PAT	
STREET ADDRESS	8537 NW 60 COURT	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOSELY, MARION	
STREET ADDRESS	1901 S.W. 74 TERR	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WOULFE, RICHARD	
STREET ADDRESS	1126 SE 7 ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KRIETE, RONALD	
STREET ADDRESS	10100 NW 14 ST	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEPE, WILLIAM	
STREET ADDRESS	8720 SW 56 PLACE	
CITY-ST-ZIP	COOPER CITY FL 33328	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rick Orr	
STREET ADDRESS	1306 NW 5 Street	
CITY-ST-ZIP	Plantation FL 33325	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Grant	
STREET ADDRESS	153 NW 114 Way	
CITY-ST-ZIP	Coral Springs FL 33071	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Craig Stevens	
STREET ADDRESS	9633 Ridgcrest Court	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sim Flaatt	
STREET ADDRESS	9911 SW 14 Place	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**

8/31/02

CR2E037 (4/02)