


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 14, 2005 8:00 am**  
**Secretary of State**

07-14-2005 90080 020 \*\*\*\*61.25

<b>DOCUMENT # 754944</b>			
1. Entity 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	
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: 59-2032069		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		58.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOULFE, RICHARD 1128 SE 7 STREET FORT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name: <u>Paul Gentile</u> Street Address (P.O. Box Number Is Not Acceptable): <u>10376 SW 18 Street</u> City: <u>Dade</u> FL Zip Code: <u>33324</u>	
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: <u>Paul Gentile</u> X <u>[Signature]</u> DATE: <u>6/29/05</u> <small>Signature, typed or printed name of registered agent and the filer, if applicable. (NOTE: Registered Agent's signature required when reappointing)</small>			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GENTILE, PAUL 500 NW 127TH AVE FT LAUDERDALE, FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FLAUTT, JIM 500 NW 127TH AVE FT LAUDERDALE, FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ETHRIDGE, BOB 500 NW 127TH AVE FT LAUDERDALE FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OREN, RICK <input checked="" type="checkbox"/> Delete 500 NW 127TH AVE FT LAUDERDALE, FL 33325	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Charles McDonald <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1975 NW 171 Ave Pembroke Pines FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BATCHHOLDER, DRAKE 500 NW 127TH AVE FT LAUDERDALE, FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 in an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Charles M. McDonald</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>6/29/05</u> DAYTIME PHONE: <u>954-442-9955</u>	

