


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 754944**  
 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

**DO NOT WRITE IN THIS SPACE**



03122008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
 59-2032069

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GENTILE, PAUL  
 10376 SOUTHWEST 18 STREET  
 DAVIE, FL 33324

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000866569  
 04/08/08-80034-016 61.25

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	GENTILE, PAUL
STREET ADDRESS	10376 SW 18 STREET
CITY-ST-ZIP	DAVIE, FL 33324
TITLE	P
NAME	FLAUTT, JAMES D
STREET ADDRESS	14 PLACE
CITY-ST-ZIP	DAVIE, FL 33324
TITLE	VD
NAME	MCDONALD, CHARLES
STREET ADDRESS	1975 NW 171 AVE
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	VP
NAME	BATCHHOLDER, DRAKE
STREET ADDRESS	9301 SOUTHERN ORCHARD RD. NORTH
CITY-ST-ZIP	DAVIE, FL 33328
TITLE	VD
NAME	SHAHADY, TOM
STREET ADDRESS	430 NW 131 AVE
CITY-ST-ZIP	PLANTATION, FL 33325
TITLE	S
NAME	AZOR, JORGE
STREET ADDRESS	1333 SW 175 WAY
CITY-ST-ZIP	PEMBROKE PINES, FL 33029

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  SEC.  3/18/08 924 742 7044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #