

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90002 037 \*\*\*\*61.25

**DOCUMENT # 761119**

1. Entity Name  
**DOS LAGOS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business <b>% ASSOCIATED PROPERTY MANAGEMENT          400 S DIXIE HWY STE 10          LAKE WORTH FL 33460</b>	Mailing Address <b>% ASSOCIATED PROPERTY MANAGEMENT          400 S DIXIE HWY STE 10          LAKE WORTH FL 33460-4455</b>
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DO NOT WRITE IN THIS SPACE

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 <b>59-2159401</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent  
**ASSOCIATED PROPERTY MANAGEMENT  
 400 S DIXIE HWY STE 10  
 LAKE WORTH FL 33460**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: <b>FL</b> 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME	SD MASER, CECILIA <input type="checkbox"/> Delete
STREET ADDRESS	69 VIA DE CASAS NORTE
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE NAME	TD SIRICO, ANTHONY <input type="checkbox"/> Delete
STREET ADDRESS	64 VIA DE CASAS NORTE
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE NAME	MD MATTHEWS, BARBARA <input type="checkbox"/> Delete
STREET ADDRESS	1 VIA DE CASA DUR #102
CITY-ST-ZIP	BOYNTON BCH. FL
TITLE NAME	D LEGGIO, VIVIAN <input type="checkbox"/> Delete
STREET ADDRESS	19 VIA DE CASAS #102
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD Kim Sittser <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7 Via de Casas Sur #204
CITY-ST-ZIP	BB. FL. 33426
TITLE NAME	VP John Connell <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5 Via de Casas Norte #
CITY-ST-ZIP	BB. FL. 33426
TITLE NAME	D Robert Harbin <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	So Vista Del Rio
CITY-ST-ZIP	BB. FL. 33426
TITLE NAME	D Michael Maye <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	27 Vista Del Rio
CITY-ST-ZIP	BB. FL. 33426
TITLE NAME	D Irwin King <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3 Via de Casas Norte
CITY-ST-ZIP	BB. FL. 33426
TITLE NAME	D Anthony Vrola <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	25 Via de Casas Norte
CITY-ST-ZIP	BB. FL. 33426

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 \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CRZE037 (9/99)