2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Apr 07, 2008 8:00 am
Secretary of State
04-07-2008 90033 026 ****61.25

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1. Entity Name
LAGO AZUL, CONDOMINIUM ASSOCIATION, INC.

40060251

Principal Place of Business	Mailing Address
5700 - 5728 W 26 AVE HIALEAH, FL 33016 US	2011 W 62 ST. HIALEAH, FL 33016 US

03252008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3742461
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AMERICAN MGMT. & REALTY
2011 W 62ND ST.
HIALEAH, FL 33016

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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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LORA, ALAN
STREET ADDRESS	5726 WEST 36TH AVENUE
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	VD
NAME	REYES, WILGEN
STREET ADDRESS	5754 WEST 26TH AVENUE
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	S
NAME	HERNANDEZ, RAMON
STREET ADDRESS	10759 SW 7TH ST
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	T
NAME	TEJEDA, GUILLERMO
STREET ADDRESS	5752 WEST 26TH AVENUE
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4-2-08 7862620657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #