


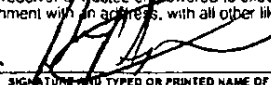
07-16-2007 90127 027 \*\*\*\*61.25  
N36151

**2007 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

FILED

07 JUL 24 AM 8:39

40125324  
STATE OF FLORIDA  
MIAMI, FLORIDA

DOCUMENT # N36151			
1. Entity Name LAKES ON THE GREEN HOMEOWNERS' ASSOCIATION, INC.		Mailing Address 11981 SW 144 CT. STE. 201 MIAMI, FL 33186	
Principal Place of Business 11981 SW 144 CT. STE. 201 MIAMI, FL 33186		Mailing Address 11981 SW 144 CT. STE. 201 MIAMI, FL 33186	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. # etc		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0188697		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HYMAN, KAPLAN, GANGUZZA, SPECTOR & MARS PA 150 W. FLAGLER ST., STE. 2701 MIAMI, FL 33130		7. Name and Address of New Registered Agent 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 _____ <small>Signature filed &amp; printed name of all listed agents and their applicability (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> Delete	
NAME	PEREZ, ENRIQUE		
STREET ADDRESS	19011 NW 89 CT.		
CITY-ST-ZIP	MIAMI, FL 33015		
TITLE	SD	<input type="checkbox"/> Delete	
NAME	FLUHART, CYNTHIA		
STREET ADDRESS	8741 N.W. 189 TERR.		
CITY-ST-ZIP	MIAMI, FL 33015		
TITLE	TOPD	<input checked="" type="checkbox"/> Delete	
NAME	GARCIA, LUIS		
STREET ADDRESS	19621 NW 88 AVE.		
CITY-ST-ZIP	MIAMI, FL 33015		
TITLE	T	<input type="checkbox"/> Delete	
NAME	SPATERO, PHILLIP		
STREET ADDRESS	19031 NW 89 COURT.		
CITY-ST-ZIP	HIALEAH, FL 33015		
TITLE	VP	<input type="checkbox"/> Delete	
NAME	KELLEY, JAMES		
STREET ADDRESS	8748 NW 189 TERRACE		
CITY-ST-ZIP	HIALEAH, FL 33015		
TITLE	D	<input type="checkbox"/> Delete	
NAME	FORTICH, JORGE		
STREET ADDRESS	8818 NW 189 TERR.		
CITY-ST-ZIP	MIAMI, FL 33015		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEREZ, ENRIQUE		
STREET ADDRESS	11981 SW 144 CT, #201		
CITY-ST-ZIP	MIAMI FL 33186		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GARCIA, JUAN		
STREET ADDRESS	18803 NW 89 AVENUE		
CITY-ST-ZIP	MIAMI FL 33015		
TITLE	T D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMON, ANTONIO GREEN		
STREET ADDRESS	11981 S.W. 144 CT, # 201		
CITY-ST-ZIP	MIAMI FL 33		
TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPATERO PHILLIP		
STREET ADDRESS	11981 SW 144 CT, #201		
CITY-ST-ZIP	MIAMI, FL 33186		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORTICH, JORGE		
STREET ADDRESS	11981 SW 144 CT, #201		
CITY-ST-ZIP	MIAMI FL 33186		
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 reports 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: 		PHILIP SPATARO 7-12-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone # 305-255-3000	