

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36151

FILED  
Jan 20, 2012  
Secretary of State

**Entity Name:** LAKES ON THE GREEN HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

5805 BLUE LAGOON DR.,  
STE. 310  
MIAMI, FL 33126

**New Principal Place of Business:**

C/O THE CONTINENTAL GROUP, INC  
5805 BLUE LAGOON DRIVE, SUITE # 310  
MIAMI, FL 33126

**Current Mailing Address:**

5805 BLUE LAGOON DRIVE  
STE. 310  
MIAMI, FL 33126

**New Mailing Address:**

C/O THE CONTINENTAL GROUP, INC  
5805 BLUE LAGOON DRIVE, SUITE # 310  
MIAMI, FL 33126

**FEI Number:** 65-0188697

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ASSOCIATION LAW GROUP  
1666 KENNEDY CSWY  
SUITE 305  
N. BAY VILLAGE, FL 33141 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: GALINDO, JAIME  
Address: 19550 NW 87 CT.  
City-St-Zip: MIAMI, FL 33186

Title: STD  
Name: FLUHART, CYNTHIA  
Address: 8741 N.W. 189 TERR.  
City-St-Zip: MIAMI, FL 33015

Title: D  
Name: SIMON, ANTONIO  
Address: 5805 BLUE LAGOON DR., #310  
City-St-Zip: MIAMI, FL 33126

Title: D  
Name: SPATERO, PHILLIP  
Address: 5805 BLUE LAGOON DR., #310  
City-St-Zip: MIAMI, FL 33126

Title: VP  
Name: BELTRAN, ROBERTO  
Address: 19590 NW 87 PLACE  
City-St-Zip: HIALEAH, FL 33018

Title: D  
Name: FORTICH, JORGE  
Address: 11981 SW 144 CT, #201  
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAIME GALINDO

PD

01/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date