## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # **N96000000955** Mar 09, 2000 8:00 am 1. Entity Name **Secretary of State** LAGO LARGO HOMEOWNERS' ASSOCIATION, INC. 03-09-2000 90098 007 \*\*\*\*61.25 Mailing Address Principal Place of Business P.O. BOX 55/103 12291-W. BROWARD BLVD: C/O JULE MALONE --Ex. LAUderdAle 12233 MAY FIRST ST. PLANTATION FL 33322 551031 PLANGETHON PL 33325-2444 33355 P. O. Box 33355 =+ LAUderdAle FL 2. Principal Place of Business 3. Mailing Address P.O. Box O. Bex 551031 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0791507 Not Applicable Country \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required 333553 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **BECKER & POLIAKOFF** 3111 STERLING ROAD FT. LAUDERDALE FL 33312 Zip Code City FL 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME JONES, GREGORY STREET ADDRESS STREET ADDRESS 12278 N.W. FIRST STREET CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33325 Nelms Change Addition TIT! F **VD** Delete TITLE Jie NAME NAME SMART, EVA 12297 STREET ADDRESS STREET ADDRESS -12359 N.W. FIRST STREET. PIHN +1+ +100 CITY-ST-ZIP~ CITY-ST-ZIP PLANTATION FL 33325 Delete TITLE TITLE TD NAME HARMMICKE MALONE, JEFF NAME 241 NW 1ST ST STREET ADDRESS STREET ADDRESS 12233 N.W. FIRST STREET CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33325 **≥** Delete TITLE SORI SD TITE NAME NAME MEREDITH, DARLA 15+ St NW 12201 STREET ADDRESS STREET ADDRESS 12353 N.W. FIRST STREET CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33325 TITLE Delete Plantation, FL 333 Change NAME NAME WILLIAMS, MAUREEN STREET ADDRESS STREET ADDRESS 12273 N.W. FIRST STREET CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33325 TITLE 🔀 Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

SUPPLIED GRECORY T TONGS 22 JAN 06 954-476-9545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Daytime Priorie #

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