

2002-UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000000955**

1. Entity Name

LAGO LARGO HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

11806 N.W. 19 DRIVE
CORAL SPRINGS FL 33071

Mailing Address

P.O. BOX 770866
CORAL SPRINGS FL 33077

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0791507

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

Jane Brock
11806 NW 19 Dr
Coral Springs, FL 33071

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	☒ Delete
NAME	JONES, GREGORY	
STREET ADDRESS	12278 N.W. FIRST STREET	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	VD	☐ Delete
NAME	NELMS, JOE	
STREET ADDRESS	12297 NW 1ST	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	TD	☒ Delete
NAME	HAENNIKE, GEORGE	
STREET ADDRESS	12241 NW 1ST STREET	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	SD	☒ Delete
NAME	SORI, OMAR	
STREET ADDRESS	12201 NW 1ST STREET	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	D	☒ Delete
NAME	YOUNG, JEAN	
STREET ADDRESS	12217 NW 1ST STREET	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Change ☐ Addition
NAME	Derek Smart	
STREET ADDRESS	12361 NW 1st Street	
CITY-ST-ZIP	Plantation, FL 33325	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	☐ Change ☐ Addition
NAME	Michael Malone	
STREET ADDRESS	12233 NW 1st Street	
CITY-ST-ZIP	Plantation FL 33325	
TITLE	SL	☐ Change ☐ Addition
NAME	Bill Meredith	
STREET ADDRESS	12363 NW 1st Street	
CITY-ST-ZIP	Plantation FL 33325	
TITLE	D	☐ Change ☐ Addition
NAME	Mark Gcheson	
STREET ADDRESS	12345 NW 1st	
CITY-ST-ZIP	Plantation, FL 33325	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

02 MAY -2 PM 5:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA03-29-2002 91435 006 *****61.25
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