

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90307 018 ****70.00

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1. Entity Name
LAGO GRANDE THREE CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business
**14275 SW 142 AVE
MIAMI, FL 33186-6115 US**

Mailing Address
**14275 SW 142 AVE
MIAMI, FL 33186-6115 US**

50019459



2. Principal Place of Business
5979 NW 151 ST

3. Mailing Address
P.O. BOX 160718

Suite, Apt. #, etc.
SUITE 101

Suite, Apt. #, etc.

04032006 Chg-NP CR2E037 (11/05)

City & State
MIAMI LAKES, FL

City & State
MIAMI LAKES, FL

4. FEI Number
59-2391202

Applied For
Not Applicable

Zip
33014

Country
USA

Zip
33014

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **Florida's Property Management**
Street Address (P.O. Box Number is Not Acceptable)

5979 NW 151 ST. SUITE 101

City **MIAMI LAKES FL 33014**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☒ Delete
NAME **RIVAS, EDGAR**
STREET ADDRESS **2725 W 64 PL, #14**
CITY-ST-ZIP **HIALEAH, FL 33016**

TITLE **PD** ☐ Delete
NAME **SERRANO, ROBERTO**
STREET ADDRESS **6520 W 24 CT**
CITY-ST-ZIP **HIALEAH, FL 33016**

TITLE **VD** ☐ Delete
NAME **JORGE, JOSE**
STREET ADDRESS **6520 W 24 CT**
CITY-ST-ZIP **HIALEAH, FL 33016**

TITLE **D** ☒ Delete
NAME **SNIDER, KAREN**
STREET ADDRESS **6520 W 24 CT**
CITY-ST-ZIP **HIALEAH, FL 33016**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Change ☒ Addition
NAME **Pedro LOPEZ**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T.D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Michael J. (President)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #