

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

FILED
Aug 20, 2007 8:00 am
Secretary of State

08-20-2007 90056 024 ****61.25

DOCUMENT # 745363 1. Entity Name LAGO WEST HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4350 N.W. 19TH AVENUE, STE C POMPANO BEACH, FL 33064			Mailing Address P.O. BOX 97-0069 STE 100 BOCA RATON, FL 33497-0069		
2. Principal Place of Business - No P.O. Box # 778 South Military Trail		3. Mailing Address PO Box 97-0069			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Deerfield Beach FL		City & State Boca Raton FL 33497		4. FEI Number 59-1927626	
Zip 33442		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALOMBI, GARY C/O RMC 4350 NW 19TH AVE, STE C POMPANO BEACH, FL 33064			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 778 South Military Trail City Deerfield Beach FL Zip Code 33442		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEREDITH, JOHN		NAME		
STREET ADDRESS	626 NW 1325 TERR		STREET ADDRESS	626 NW 132nd Terrace	
CITY-ST-ZIP	PLANTATION, FL 33325		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROBERTS, DORIT		NAME	S RICHARD PRZYSTAS	
STREET ADDRESS	13292 NW 7TH ST		STREET ADDRESS	531 NW 132nd Terrace	
CITY-ST-ZIP	PLANTATION, FL 33325		CITY-ST-ZIP	PLANTATION, FL 33325	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KORSKARD, MARIE		NAME		
STREET ADDRESS	13296 N.W. 7TH STREET		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33325		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D John Boaz	
STREET ADDRESS			STREET ADDRESS	13296 NW 6th Court	
CITY-ST-ZIP			CITY-ST-ZIP	PLANTATION FL 33325	
TITLE		<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D SUZANNE Kirby	
STREET ADDRESS			STREET ADDRESS	702 NW 132nd Terrace	
CITY-ST-ZIP			CITY-ST-ZIP	PLANTATION FL 33325	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Marie Korsgard</u> <u>Jess Lago West Club</u> <u>HA 8/5/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #</small>					