

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 754944

**FILED**  
**May 09, 2019**  
**Secretary of State**  
**3066060706CC**

**Entity Name:** LAGO MAR MEMBERSHIP ASSOCIATION, INC.

**Current Principal Place of Business:**

500 N. W. 127TH AVENUE  
PLANTATION, FL 33325

**Current Mailing Address:**

500 N W 127TH AVENUE  
PLANTATION, FL 33325

**FEI Number: 59-2032069**

**Certificate of Status Desired: Yes**

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

SHAHADY, TOM  
KOPELWITZ OSTROW FERGUSON WEISELBERG  
200 S. W. 1ST AVENUE SUITE1200  
FT LAUDERDALE,, FL 33301 US

*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

**Officer/Director Detail :**

Title PRES, DIRECTOR

Name BOYLAN, DAVID

Address 10393 HARRIER ST

City-State-Zip: PLANTATION FL 33324

Title DIRECTOR

Name DIULUS, JOHN

Address 12871 N W 1ST STREET

City-State-Zip: PLANTATION FL 33325

Title TREASURER, DIRECTOR

Name PELEGRIN, THOMAS J

Address 961 CRESTVIEW CIR

City-State-Zip: WESTON FL 33327

Title DIRECTOR

Name WOULFE, RICHARD THOMAS

Address 1126 S E 7 STREET

City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR

Name BAUER, CLIFFORD JOSEPH

Address 401 N. W. 131 AVENUE

City-State-Zip: PLANTATION FL 33325

Title DIRECTOR

Name SLACK, TIMOTHY

Address 6951 EAST WEDGEWOOD

City-State-Zip: DAVIE FL 33333

Title GOLF, DIRECTOR

Name HASENAUER, JUDITH ANNE

Address 14510 W PALOMINO DR

City-State-Zip: SOUTH WEST RANCHES FL 33330

Title DIRECTOR

Name MCMAHON, PATRICK

Address 230 NW 131AVE

City-State-Zip: PLANTATION FL 33325

*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: DAVID BOYLAN**

**PRESIDENT**

**05/09/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date