

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761119

Entity Name: DOS LAGOS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**

C/O GRS MANAGEMENT ASSOCIATES INC
3900 WOODLAKE BLVD SUITE 309
LAKE WORTH , FL 33463

Current Mailing Address:

C/O GRS MANAGEMENT ASSOCIATES INC
3900 WOODLAKE BLVD SUITE 309
LAKE WORTH , FL 33463 US

FEI Number: 59-2159401**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

HARTLEY & MORTON
800 VILLAGE SQUARE CROSSING
SUITE 222
PALM BEACH GARDENS, FL 33410 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 PD
Name LEDSWORTH , DON
Address C/O GRS MANAGEMENT ASSOCIATES
INC
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title TD
Name WHEELEN, LOUISE
Address C/O GRS MANAGEMENT ASSOCIATES
INC
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title D
Name GUIDA, SAMUEL
Address C/O GRS MANAGEMENT ASSOCIATES
INC
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title SD
Name LATASSA, FRANK
Address C/O GRS MANAGEMENT ASSOCIATES
INC
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title D
Name VROLA, CLAIRE
Address C/O GRS MANAGEMENT ASSOCIATES
INC
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title VD
Name GERHARDT, BERNARD
Address C/O GRS MANAGEMENT ASSOCIATES
INC
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title D
Name MAFFEI, LORRAINE
Address C/O GRS MANAGEMENT ASSOCIATES
INC
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name GRIMM, BILL
Address C/O GRS MANAGEMENT ASSOCIATES
INC
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

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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: DON LEDSWORTH

PD

03/30/2015

Officer/Director Detail Continued :

Title DIRECTOR
Name FRIEDRICK, CHRISTINE
Address C/O GRS MANAGEMENT ASSOCIATES INC
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463