

**2020 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P93000030480

**Entity Name:** LAGRASTA HOMES, INC.

**Current Principal Place of Business:**

875 94TH AVE N  
NAPLES, FL 34108

**Current Mailing Address:**

875 94TH AVE N  
NAPLES, FL 34108 US

**FEI Number:** 65-0406015

**Certificate of Status Desired:** No

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

LAGRASTA, NICHOLAS  
69 KIRTLAND DRIVE  
NAPLES, FL 34110 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           | PT                 | Title           | VS                |
| Name            | LAGRASTA, NICHOLAS | Name            | LAGRASTA, CILA    |
| Address         | 69 KIRTLAND DRIVE  | Address         | 69 KIRTLAND DRIVE |
| City-State-Zip: | NAPLES FL 34110    | City-State-Zip: | NAPLES FL 34110   |
|                 |                    |                 |                   |
| Title           | SECRETARY          |                 |                   |
| Name            | LAGRASTA, CILA M   |                 |                   |
| Address         | 512 RAVEN WAY      |                 |                   |
| City-State-Zip: | NAPLES FL 34110    |                 |                   |

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CILA M LAGRASTA

**SECRETARY**

**04/08/2020**

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

\_\_\_\_\_  
Date