

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

T. Roberts MAY 10 2005

DOCUMENT # 703506

1. Entity Name

LAGO MAR PLACE, INC.



FILED

05 MAY -3 PM 5:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E037 (11/03)

Principal Place of Business
1750 S. OCEAN LANE
FT LAUDERDALE FL 33316

Mailing Address
1750 S. OCEAN LANE
FT LAUDERDALE FL 33316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

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

HERMAN, BRUCE
1401 E BROWARD BLVD STE 206
FT. LAUDERDALE FL 33301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	D	<input type="checkbox"/> Delete
NAME	LEER, JOANNE	
STREET ADDRESS	1750 S OCEAN LANE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZINK, JOHN H	
STREET ADDRESS	1750 S OCEAN LANE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOOVER, JAY	
STREET ADDRESS	1750 S. OCEAN LANE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	VP PRESIDENT	<input type="checkbox"/> Delete
NAME	BARR, EDWARD	
STREET ADDRESS	1750 S. OCEAN LANE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	S	<input type="checkbox"/> Delete
NAME	BONHAM, ROBERT	
STREET ADDRESS	1750 S. OCEAN LANE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	T	<input type="checkbox"/> Delete
NAME	KIEFHABER, RAY	
STREET ADDRESS	1750 S. OCEAN LANE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Buchanan, John	
STREET ADDRESS	1750 South Ocean Lane	
CITY-ST-ZIP	Ft. Lauderdale, FL 33316	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	500054342745	
CITY-ST-ZIP	05/12/05--01091--003 **61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05

(954)522-3922