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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722702 (8)

1. Corporation Name

LAGO VERDE VILLAS, INC.

Principal Place of Business	Mailing Address
20803 BISCAYNE BLVD. STE. 203 AVENTURA FL 33180	20803 BISCAYNE BLVD. STE. 203 AVENTURA FL 33180-1429

3. Date Incorporated or Qualified: 02/16/1972
3a. Date of Last Report: 02/19/1996

2. Principal Place of Business
21: 1704L Street
22: Suite, Apt. #, etc.
23: City & State: North Miami Beach, FL
24: Zip: 33160
25: Country

2a. Mailing Address
26: P.O. Box 61-2003
27: Suite, Apt. #, etc.
28: City & State: North Miami, FL
29: Zip: 33261-2003
30: Country

4. FEI Number: 65-1261905 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SCARFONE, ALFRED
3793 NE 170 ST.
N. MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BRODER, ALICE		1.2 NAME	
STREET ADDRESS	3815 NE 170TH ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160		1.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MARR, MICHAEL		2.2 NAME	
STREET ADDRESS	3823 NE 170TH ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160		2.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SCARFONE, ALFRED		3.2 NAME	
STREET ADDRESS	3793 NE 170TH ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	TUREK, JOHN		4.2 NAME	
STREET ADDRESS	3853 NE 170TH STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	CZERWINSKI, LEO		5.2 NAME	
STREET ADDRESS	3789 NE 170TH STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael J. Marr Michael J. Marr 30 Apr 97 305/536-4803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0033403