

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90045 040 ****61.25

DOCUMENT # 731056

1. Entity Name

**IL LAGO COUNTRY CLUB TOWNHOUSES OWNERS
ASSOCIATION, INC.**



Principal Place of Business

**LAGO COUNTRY CLUB TOWNHOUSE
5725 SW 142 AVENUE
MIAMI FL 33183**

Mailing Address

**TREASURE MANAGEMENT SERVICES
2080 NW 191 AVENUE
PEMBROKE PINES FL 33029**



1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1630350

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MIRABAL, JORGE A MGR
2080 NW 191 AVE.
PEMBROKE PINES FL 33029**

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 is required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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 ☐ Delete
NAME **P ALVAREZ, HUMBOSTO**
STREET ADDRESS **5637 SW 142 AVE.**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ Delete
NAME **VP ESCOBAR, ADOLFO**
STREET ADDRESS **5677 SW 142 AVE.**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ Delete
NAME **S MONDRAEON, MERCEDES**
STREET ADDRESS **5737 SW 142 AVE.**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ Delete
NAME **T ARANDA, MARIA**
STREET ADDRESS **5649 SW 142 AVE.**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☒ Delete
NAME **D CANAS, JAIME**
STREET ADDRESS **5621 SW 142 AVE.**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ Delete
NAME **D PEREZ, JOSE**
STREET ADDRESS **5791 SW 142 AVE.**
CITY-ST-ZIP **MIAMI FL 33183**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **P ALVAREZ, HUMBERTO**
STREET ADDRESS **5673 SW 142 Avenue**
CITY-ST-ZIP **MIAMI, FL 33183**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **S MONDRAGON, MERCEDES**
STREET ADDRESS **5737 SW 142 Avenue**
CITY-ST-ZIP **MIAMI, FL 33183**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D ENRIQUEZ, MARIA**
STREET ADDRESS **5749 SW 142 Avenue**
CITY-ST-ZIP **MIAMI, FL 33183**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-08

305-934-4340

Date

Daytime Phone #