

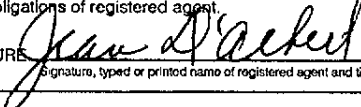
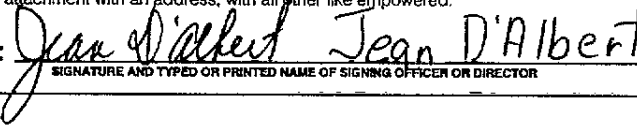


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 733542 1. Entity Name LAGO WEST CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 420 COMMODORE DR. PLANTATION, FL 33325		Mailing Address 420 COMMODORE DR. PLANTATION, FL 33325	
DO NOT WRITE IN THIS SPACE			
		 01052005 No Chg-NP CR2E037 (10/03)	
4. FEI Number 59-1643106		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent D'ALBERT, JEAN 400 N. COMMODORE DR APT 501 PLANTATION, FL 33325		DO NOT WRITE IN THIS SPACE	
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:  (NOTE: Registered Agent signature required when reinstating) DATE: 1/6/05			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CONTI, KATHY 430 COMMODORE DR #215 PLANTATION, FL 33325		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HOTH, ROBERT 450 COMMODORE DR. #304 PLANTATION, FL 33325		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD D'ALBERT, JEAN 400 COMMODORE DR, #501 PLANTATION, FL 33325		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WEEKS, MARION 430 COMMODORE DR, #307 PLANTATION, FL 33325		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD D'ALBERT, JEAN 400 N COMMODORE DRIVE PLANTATION, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CALLAROTA, JOSEPH 450 COMMODORE DR. #210 PLANTATION, FL 33325		
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 DATE: 1/6/05 Daytime Phone #: 954-476-0956			