2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# 733542

Entity Name: LAGO WEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

420 COMMODORE DR.
PLANTATION, FL 33325

New Principal Place of Business:

Current Mailing Address:

420 COMMODORE DR.
PLANTATION, FL 33325

New Mailing Address:

FEI Number: 59-1643106 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

D'ALBERT, JEAN P
400 N. COMMODORE DR
501
PLANTATION, FL 33325 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: DIXON, JAMES
Address: 450 COMMODORE DR #209
City-St-Zip: PLANTATION, FL 33325

Title: VP ( ) Delete
Name: SHEAKS, ROBIN
Address: 450 COMMODORE DR. #308
City-St-Zip: PLANTATION, FL 33325

Title: TD ( ) Delete
Name: CALLAROTA, JOSEPH
Address: 400 COMMODORE DR, #210
City-St-Zip: PLANTATION, FL 33325

Title: SD ( ) Delete
Name: LICITRA, RICHARD
Address: 430 COMMODORE DR, #201
City-St-Zip: PLANTATION, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: HOTH, ROBERT
Address: 430 COMMODORE DR. #304
City-St-Zip: PLANTATION, FL 33325

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN D'ALBERT PRES 04/29/2008

Electronic Signature of Signing Officer or Director — Date