

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737502

FILED  
Apr 16, 2007  
Secretary of State

Entity Name: LAGO VISTA TOWNHOUSE ASSOCIATION, INC.

## Current Principal Place of Business:

2180 W. STATE RD 434  
SUITE 5000  
LONGWOOD, FL 32779

## New Principal Place of Business:

## Current Mailing Address:

2180 W. STATE RD 434  
SUITE 5000  
LONGWOOD, FL 32779

## New Mailing Address:

FEI Number: 59-1055935

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HART, JAMES W. JR.  
2180 W. STATE RD 434  
SUITE 5000  
LONGWOOD, FL 32779 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: PD ( ) Delete  
Name: MACKERAGHAN, MARY A  
Address: 203 LAGO VISTA BLVD  
City-St-Zip: CASSELBERRY, FL 32707

Title: VPD ( ) Delete  
Name: HICKS, JANE  
Address: 149 LAGO VISTA BLVD  
City-St-Zip: CASSELBERRY, FL 32707

Title: SD ( ) Delete  
Name: HUMPHREY, BETTY  
Address: 193 LAGO VISTA BLVD  
City-St-Zip: CASSELBERRY, FL 32707

Title: TD ( ) Delete  
Name: FEILER, BETTY  
Address: 172 LAGO VISTA BLVD  
City-St-Zip: CASSELBERRY, FL 32707

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition  
Name: ACEVEDO, ALFREDO  
Address: 141 LAGO VISTA BLVD  
City-St-Zip: CASSELBERRY, FL 32707

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

Title: D ( ) Change (X) Addition  
Name: MELTZ, ARTHUR  
Address: 187 LAGO VISTA BLVD  
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY ANN MACKERAGHAN

PD

04/16/2007

Electronic Signature of Signing Officer or Director

Date