

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737502

FILED
Apr 22, 2008
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:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

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: JAMES W HART JR

04/22/2008

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: ACEVEDO, ALFREDO
Address: 141 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: D () Delete
Name: MELTZ, ARTHUR
Address: 187 LAGO VISTA BLVD
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: HICKS, JANE
Address: 149 LAGO VISTA BLVD
City-St-Zip: CASSELBERRY, FL 32707

Title: VPD (X) Change () Addition
Name: LOPEZ, MAURICIO
Address: 107 LAGO VISTA BLVD
City-St-Zip: CASSELBERRY, FL 32707

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

Title: SD (X) Change () Addition
Name: BESST, MARIAN
Address: 125 LAGO VISTA BLVD
City-St-Zip: CASSELBERRY, FL 32707

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: MARY ANN MACKERAGHAN

PD

04/22/2008

Electronic Signature of Signing Officer or Director

Date