

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Northcutt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **743651** (2)  
1. Corporation Name  
**LAGO MAR COLONY DRAINAGE ASSOCIATION, INC.**



Principal Place of Business <b>500 NW 127TH AVE FT LAUDERDALE FL 33325</b>	Mailing Address <b>500 NW 127TH AVE FT LAUDERDALE FL 33325-2314</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/20/1978</b>		3a. Date of Last Report <b>04/17/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2032069</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>CARPENTER, JOSPEH JR 301 NW 131ST AVE PLANTATION FL 33325</b>				10. Name and Address of New Registered Agent			
				81 Name <b>GENTILE, PAUL PRES.</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>10376 S.W. 18TH STREET</b>			
				83			
				84 City <b>DAVIE</b> FL 85 Zip Code <b>33324</b>			

11. Pursuant to the provisions of Sections 617.0501 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **PRESIDENT** DATE **6/16/97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARTINEAU, LAWRENCE			1.2 NAME	MOSELY, MARION		
STREET ADDRESS	13101 SW 33RD CT			1.3 STREET ADDRESS	1901 S.W. 74 TERR.		
CITY-ST-ZIP	PLANTATION FL			1.4 CITY-ST-ZIP	PLANTATION, FL. 33317		
TITLE	DS	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CAPENTER, JOSEPH			2.2 NAME	MELTON, JACK		
STREET ADDRESS	301 NW 131ST AVE			2.3 STREET ADDRESS	12631 N.W. 70TH PLACE		
CITY-ST-ZIP	PLANTATION FL			2.4 CITY-ST-ZIP	PLANTATION, FL. 33325		
TITLE	DV	<input type="checkbox"/> DELETE		3.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GENILE, PAUL			3.2 NAME	GENTILE, PAUL		
STREET ADDRESS	10376 SW 18TH ST			3.3 STREET ADDRESS	10376 S.W. 18TH STREET		
CITY-ST-ZIP	DAVIE FL			3.4 CITY-ST-ZIP	DAVIE, FL. 33324		
TITLE	DT	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CORNETT, HAROLD			4.2 NAME	MORELAND, ELENA		
STREET ADDRESS	2905 S.W. 81ST TERR.			4.3 STREET ADDRESS	PO BOX 17647 13661 N.W. 3RD ST.		
CITY-ST-ZIP	DAVIE FL			4.4 CITY-ST-ZIP	PLANTATION, FL. 33325		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	TOTOIU, JOHN		
STREET ADDRESS				5.3 STREET ADDRESS	138 N.W. 130TH AVE.		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	PLANTATION, FL.		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	MITCHELL, WILLIAM DR.		
STREET ADDRESS				6.3 STREET ADDRESS	1081 W. TROPICAL		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	PLANTATION, FL. 33317		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* **PAUL GENTILE** DATE **6/16/97**

CR2E037 (9/96)