

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743651

FILED
Jan 13, 2009
Secretary of State

Entity Name: LAGO MAR COLONY DRAINAGE ASSOCIATION, INC.

Current Principal Place of Business:

500 NW 127TH AVE
FT LAUDERDALE, FL 33325

New Principal Place of Business:

Current Mailing Address:

500 NW 127TH AVE
FT LAUDERDALE, FL 33325

New Mailing Address:

FEI Number: 59-2032069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATCHELDER, DRAKE M
350 E LAS OLAS BLVD, STE 1600
FT LAUDERDALE, FL 33301 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: D () Delete
Name: AZOR, JORGE
Address: 1333 SW 175 WAY
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DP () Delete
Name: FLAUTT, JIM
Address: 9711 SW 14 PLACE
City-St-Zip: DAVIE, FL 33324

Title: D () Delete
Name: GENTILE, PAUL
Address: 10376 SW 18 STREET
City-St-Zip: DAVIE, FL 33324

Title: D () Delete
Name: MCDONALD, CHARLIE
Address: 1975 NW 171 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: SHAHADY, TOM
Address: 430 NW 131 AVENUE
City-St-Zip: PLANTATION, FL 33325

Title: V () Delete
Name: BATCHELDER, DRAKE M
Address: 350 E LAS OLAS BLVD., STE 1600
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: AZOR, JORGE
Address: 1333 SW 175 WAY
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DP (X) Change () Addition
Name: BAUER, CLIFF
Address: 401 NW 131 AVE
City-St-Zip: PLANTATION, FL 33325

Title: P (X) Change () Addition
Name: GENTILE, PAUL
Address: 10376 SW 18 STREET
City-St-Zip: DAVIE, FL 33324

Title: D (X) Change () Addition
Name: WIGLESWORTH, GARY
Address: 31 NW 128 AVE
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: K. HOLSHOUSER

Electronic Signature of Signing Officer or Director

CONT

01/13/2009

Date