

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745363

FILED  
Apr 06, 2009  
Secretary of State

**Entity Name:** LAGO WEST HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

778 SOUTH MILITARY TRAIL  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 97-0069  
BOCA RATON, FL 334970069

**New Mailing Address:**

**FEI Number:** 59-1927626

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PALOMBI, GARY  
778 SOUTH MILITARY TRAIL  
DEERFIELD BEACH, FL 33442 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: P ( ) Delete  
Name: MEREDITH, JOHN  
Address: 626 NW 132ND TERRACE  
City-St-Zip: PLANTATION, FL 33325

Title: S ( ) Delete  
Name: PRZYSTAS, RICHARD  
Address: 531 NW 132ND TERRACE  
City-St-Zip: PLANTATION, FL 33325

Title: T ( ) Delete  
Name: KORSGARD, MARIE  
Address: 13296 N.W. 7TH STREET  
City-St-Zip: PLANTATION, FL 33325

Title: D ( ) Delete  
Name: BOAZ, JOHN  
Address: 13296 NW 6TH COURT  
City-St-Zip: PLANTATION, FL 33325

Title: D ( ) Delete  
Name: KIRBY, SUZANNE  
Address: 702 NW 132ND TERRACE  
City-St-Zip: PLANTATION, FL 33325

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: GARY PALOMBI

RA

04/06/2009

Electronic Signature of Signing Officer or Director

Date