


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 8:00 am
Secretary of State

02-19-2007 90063 048 ***150.00

DOCUMENT # 752259
 1. Entity Name
 LO-GAR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 7210 N.W. 77 STREET
 MIAMI, FL 33152

Mailing Address
 7210 N.W. 77 STREET
 P.O. BOX 521033
 MIAMI, FL 33152

DO NOT WRITE IN THIS SPACE



01242007 No Chg-NP CR2E037 (4/06)

4. FEI Number
 65-0866631

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORA, NIVARDO
 7210 N.W. 77 STREET
 MIAMI, FL 33152

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE *2/4/07*

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MORA, NIVARDO 5110 ORDUNA DRIVE CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PENICHER, JOSE F. 501 VILABELLA AVE., CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PRIETO, CARLOS 2841 S.W. 130 AVE. MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FERNANDEZ, MANUEL 8520 MENTEITH TERR., MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *[Signature]* DATE *2/8/2007* DAYTIME PHONE # *305-883-0061*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #