

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 753520

1. Entity Name
**LAGO MAR EAST LODGE CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business
**400 NW 127TH AVE
STE 7
PLANTATION, FL 33325**

Mailing Address
**400 NW 127TH AVE
STE 7
PLANTATION, FL 33325**



01082007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2200218

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BAKALAR & EICHNER, P.A.
WESTSIDE CORPORATE CENTER
150 SOUTH PINE ISLAND ROAD, STE 540
FORT LAUDERDALE, FL 33324**

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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **P**
NAME **GARDNER, DOREAN**
STREET ADDRESS **400 NW 127TH AVE 7**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33325**

TITLE **S**
NAME **GILBERT, NANCY**
STREET ADDRESS **400 NW 127TH AVE APT #8**
CITY-ST-ZIP **PLANTATION, FL 33325**

TITLE **VP**
NAME **MORGLAND, GLENA**
STREET ADDRESS **400 NW 127TH AVE #1**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33325**

TITLE **T**
NAME **GARDNER, DOREEN**
STREET ADDRESS **400 NW 127TH AVE #7**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33325**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000586579
01/16/07-80057-024 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Doreen Gardner **DOREEN GARDNER**

1/12/07

954 236 9625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone