


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # 754944		
1. Entity Name LAGO MAR MEMBERSHIP ASSOCIATION, INC.		
Principal Place of Business 500 NW 127TH AVE FT LAUDERDALE, FL 33325	Mailing Address 500 NW 127TH AVE FT LAUDERDALE, FL 33325	



03122008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2032069	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GENTILE, PAUL
10376 SOUTHWEST 18 STREET
DAVIE, FL 33324

**DO NOT WRITE
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 reinstalling)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000866569
04/08/08-80034-016 61.25

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	GENTILE, PAUL
STREET ADDRESS	10376 SW 18 STREET
CITY-ST-ZIP	DAVIE, FL 33324
TITLE	P
NAME	FLAUTT, JAMES D
STREET ADDRESS	14 PLACE
CITY-ST-ZIP	DAVIE, FL 33324
TITLE	VD
NAME	MCDONALD, CHARLES
STREET ADDRESS	1975 NW 171 AVE
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	VP
NAME	BATCHHOLDER, DRAKE
STREET ADDRESS	9301 SOUTHERN ORCHARD RD. NORTH
CITY-ST-ZIP	DAVIE, FL 33328
TITLE	VD
NAME	SHAHADY, TOM
STREET ADDRESS	430 NW 131 AVE
CITY-ST-ZIP	PLANTATION, FL 33325
TITLE	S
NAME	AZOR, JORGE
STREET ADDRESS	1333 SW 175 WAY
CITY-ST-ZIP	PEMBROKE PINES, FL 33029

**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:  **SEC.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/08 924 742 7044