

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90323 037 ****61.25

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2032069**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WOULFE, RICHARD
1126 SE 7 STREET
FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **OREN, RICK**
STREET ADDRESS **13061 NW 5 STREET**
CITY-ST-ZIP **PLANTATION FL 33325**

TITLE **VD** ☐ Delete
NAME **GRANT, DON**
STREET ADDRESS **153 NW 114 WAY**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **TD** ☐ Delete
NAME **MOSELY, MARION**
STREET ADDRESS **1901 S.W. 74 TERR**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **PD** ☐ Delete
NAME **WOULFE, RICHARD**
STREET ADDRESS **1126 SE 7 ST**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **D** ☐ Delete
NAME **STEVENS, CRAIG**
STREET ADDRESS **9633 RIDGECREST COURT**
CITY-ST-ZIP **DAVIE FL 33328**

TITLE **D** ☐ Delete
NAME **PEPE, WILLIAM**
STREET ADDRESS **8720 SW 56 PLACE**
CITY-ST-ZIP **COOPER CITY FL 33328**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

WILLIAM PEPE

5/29/03

954 472044

CR2E037 (10/02)