

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755006 (4)

1. Corporation Name

LAGO VERDE CONDOMINIUM ASSN., INC.

Principal Place of Business

Mailing Address

% GUARANTEE MANAGEMENT SERVICES
111 FONTAINEBLEAU BLVD.
MIAMI FL 33172

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111 FONTAINEBLEAU BLVD.
MIAMI FL 33172

3. Date Incorporated or Qualified
11/05/1980

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2038485

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BASS, MICHAEL G ESO
8900 SW 107 AVE.
CAPITAL PLAZA, #208
MIAMI FL 33176

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD ☒ DELETE
NAME OLANO, LUIS J
STREET ADDRESS 12219 SW 14TH LANE #2407
CITY-ST-ZIP MIAMI FL

1.1 TITLE PRESIDENT ☐ Change ☒ Addition
1.2 NAME Raul Palacio
1.3 STREET ADDRESS 12239 SW 14th. Lane 3209
1.4 CITY-ST-ZIP Miami, FL

TITLE PTD ☒ DELETE
NAME GONZALEZ, PETER
STREET ADDRESS 12209 SW 14 LANE, #1109
CITY-ST-ZIP MIAMI FL

2.1 TITLE Director ☒ Change ☐ Addition
2.2 NAME Peter Gonzalez
2.3 STREET ADDRESS 12209 SW 14 Lane, #1109, Miami, FL
2.4 CITY-ST-ZIP

TITLE TD ☒ DELETE
NAME ROBLES, HERBERT
STREET ADDRESS 14200 SW 45TH TERRACE
CITY-ST-ZIP MIAMI FL

3.1 TITLE Jose Sanjurjo ☐ Change ☒ Addition
3.2 NAME 12219 SW 14 Lane #2304
3.3 STREET ADDRESS Miami, FL
3.4 CITY-ST-ZIP

TITLE SD ☒ DELETE
NAME PEREZ, LOURDES
STREET ADDRESS 12239 SW 14 LANE, #2305
CITY-ST-ZIP MIAMI FL

4.1 TITLE Carlos Martinez, Treas ☐ Change ☒ Addition
4.2 NAME 12209 SW 14 Lane, #2404
4.3 STREET ADDRESS Miami, FL
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ALVAREZ, JOSEPH
STREET ADDRESS 12219 SW 14 LANE #2409
CITY-ST-ZIP MIAMI FL

5.1 TITLE 200001730432 ☐ Change ☐ Addition
5.2 NAME -03/04/96--01035--019
5.3 STREET ADDRESS ***61.25
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)