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1998 JUL 10 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name

~~VISTA DEL LAGO CONDOMINIUM ASSOCIATION~~
LAGO VERDE CONDOMINIUM ASSN., INC.

Principal Place of Business Mailing Address
Vista del Lago Condominium Association
c/o Guarantee Management Services
115 Fontainebleau Boulevard
Miami, Florida 33172

3. Date Incorporated or Qualified

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30

☒ Yes ☐ No

2. Principal Place of Business

21 12219 SW 14 LN.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

MIAMI, FLORIDA 33184

28 City & State

29 City & State

24 Zip

25 Country

30 Zip

31 Country

9. Name and Address of Current Registered Agent

Carlos Triay, Esq.
Rappaport & Triay
999 Ponce de Leon Blvd. Ste 1110
Coral Gables, Florida 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (PO 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 of the person named as registered agent and the applicable

NOTE: Registered Agent signature required when changing

DATE

12. OFFICERS AND DIRECTORS

TITLE D NAME Raul Palacios ☐ DELETE

STREET ADDRESS 12239 SW 14 Lane #3209
CITY, ST, ZIP Miami, Florida 33184

TITLE P/D NAME Pedro Garcia ☐ DELETE

STREET ADDRESS 12209 SW 14 Lane #1207
CITY, ST, ZIP Miami, Florida 33184

TITLE D/VP NAME William A. Mustelier ☐ DELETE

STREET ADDRESS 12209 SW 14 Lane #1311
CITY, ST, ZIP Miami, Florida 33184

TITLE D/T NAME Pablo N. Perdomo ☐ DELETE

STREET ADDRESS 12239 SW 14 Lane #3404
CITY, ST, ZIP Miami, Florida 33184

TITLE D NAME Janet Lorenzo-Garcia ☐ DELETE

STREET ADDRESS 8963 SW 113 Place
CITY, ST, ZIP Miami, Florida 33184

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

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SCC 7-10-98

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 or changed, or on an attachment with an address.

SIGNATURE:

Pedro Garcia, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)