

FLORIDA DEPARTMENT OF STATE
Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # 75500 (V

Lago Verde a/k/a Vista del Lago Condominium Association

Principal Place of Business

Mailing Address X

Vista del Lago Condominium Association

c/o Guarantee Management Services

111 Fontainebleau, Boulevard

FILED Jul 20, 1999 8:00 am Secretary of State

07-20-1999 90003 022 ****61.25



Miami, Florida 33172							
2. Principal Place of Business	2a. Mailing Address			3. Date Incorporated or Qualifed			
21 12219 SW 14 Kahe	Guarantee Manage	es					
Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Number Applied		Applied For	
22 Miami, Florida	27 III Fontainebleau Blvd.			59-2038485		Not Applicable	
_City.& State	City & State			5. Certificate of Status Desired Fee Required		75 Additional	
23 Miami	28 Miami, F1. 33172					Fee Required	
Zip Country	Zip Country			6. Election Campaign Financing \$5.00 May Be		.00 May Be	
24 25	29 30			Trust Fund Contribution Added to Fees			
Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
Carlos Triay, Esq. Rappaport & Triay			Name				
			82 Street Address (P.O. Box Number is Not Acceptable)				
999 Ponce de Leon Blvd, Ste 1110 Miami, Florida 33123		83				. ,	
		"					
			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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change XX Addition **▼**DELETE 1.1 TITLE D/P Oscar Rodriguez TITLE [] Raul Palacios 1.2 NAME 12219 SW 14 Lane, #2302 NAME 12239 SW 14 Lane, #3209 1.3 STREET ADDRESS STREET ADDRESS Miami, Florida 33184 Miami, Florida 33184. 1.4 CITY-ST-ZIP CITY-ST-ZI πιε P/D 2.1 TITLE II/VP Maximo Gonzalez XX Addition Pedro Garcia XXDELETE. Change 2.2 NAME D/VP 12239 SW 14 Lane, 3108 12209 SW 14 Lane #1207 NAME Miami, Florida 33184 Miami, Florida 33184 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP XXELETE --TITLE D/VP aiπLE D≦ Carlos Salvador William A. Mustelier 12209 SW 14 Lane #1311 3.2 NAME NAME A2219 SW 14 Lane #2305 3.3 STREET ADDRESS STREET ADDRESS Miami, Florida 33184 Miami, Florida 33184 CITY-ST-ZIP 3.4. CITY-ST-ZIP XX DELETE ☐ Change X Addition 4.1 TITLE D T\C^{3JTIT} Pablo Perdomo 12239 SW 14 Lane #3404 A. Fortich 4. 2 NAME NAME 12219 SW 14 Lane #2411 4.3 STREET ADDRESS STREET ADDRESS Miami, Florida 33184 Miami, Florida 33184 4.4 CITY-ST-ZIP CITY-ST-ZIP XX DELETE 5.1 TITLE ☐ Change Addition TITLE Janet Lorenzo-Garcian 5.2 NAME NAME 8963 SW 113 Place 5.3 STREET ADDRESS STREET ADDRESS Miami, Florida 33184 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS n 1860 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. 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 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 of 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Oscar Rodriguez, President

(30r)-589-4100

Daytime Phone #