2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State
04-14-2004 90017 036 ****61.25

DOCUMENT # 755006

1. Entity Name
LAGO VERDE CONDOMINIUM ASSN., INC.

GUAR200 331260296 1C03 03 01/08/04
NOTIFY SENDER OF NEW ADDRESS
:GUARANTEE MANAGEMENT SERVICES
6925 NW 42ND ST
MIAMI FL 33166-6020

54032715

2.

03262004 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2038485 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BECKER & POLIAKOFF
ROSA DE LA CAMARA
5201 BLUE LAGOOD DR., STE 100
MIAMI, FL 33126

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALVAREZ, JOSEPH 12219 S.W. 14 LN. #2409 MIAMI, FL 33184	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ORTEGA, ANA M 12209 S.W. 14 LN., #1206 MIAMI, FL 33184	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P.D. GONZALEZ-ABREU, MANUEL 12209 S.W. 14 LN. #1312 MIAMI, FL 33184 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GONZALEZ-ABREU, MANUEL 12209 S.W. 14 LN. #1312 MIAMI, FL 33184	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T.D. GONZALEZ-ABREU, MAYRA 12219 S.W. 14 LN. #2308 MIAMI, FL 33184 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GONZALEZ, MAXIMO 12239 S.W. 14 LN #3108 MIAMI, FL 33184	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC. D. GIMENEZ, ANGEL 12209 S.W. 14 LN., # 1103 MIAMI, FL 33184 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. PEREZ, GONZALO 12239 S.W. 14 LN. #3102 MIAMI, FL 33184 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Joseph Alvarez Pres 4-6-2004 (305) 262-6120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #