2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State 05-01-2008 90219 041 ****61.25

DOCUMEN 1 # 755006 1. Entity Name LAGO VERDE CONDOMINIUM ASSN., INC.							0217 011		.20	
Principal Place of Business GUARANTEE MANAGEMENT SERVICES 6925 NW 42ND ST MIAMI, FL 33166-6820		Mailing Address GUARANTEE MANAGEMENT SERVICES 6925 NW 42ND ST MIAMI, FL 33166-6820				317/1 8/8/1 8/8/1 8/8/				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282008	Chg-NP	CR2E037 (1	12/06)			
City & State		City & State			4. FEI Number Applied For 59-2038485 Applied For Not Applical					
Zip	Country	Zip	Country		5. Certificate of	Status Desired		. 75 Add Required		
6. Name and Address of Current Registered Agent				•	-7. Name and A	ddress of New R	egistered Ager	nt	. —	
BECKER & POLIAKOFF ROSA DE LA CAMARA			Name Street	Street Address (P.O. Box Number is Not Acceptable)						
5201 BLUE MIAMI, FL	E LAGOOD DR., STE 100 33126				· · ·					
			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										
Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campa Trust Fund Con					\$5.00 May Be Added to Fees	I	ake check pa ida Departme	-		
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHAP	NGES TO OFFICE	RS AND DIREC	TORS 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	3		•		Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	VP ORTESA, ANA MARIA 12209 SW 14 LN # 1206 MIAMI, FL 33184	☐ Deiete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY ST-ZIP	T CARRACEDO, ANGEL – 12219 SW 14 LN # 2206 MIAMI, FL 33184	☐ Detate	TATLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GIMENEZ, ANGEL 12209 SW 14 LN # 1103 MIAM!, FL 33184	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, GONZALO 12239 SW 14 LN # 3102 MIAMI, FL 33184	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MA	RIA C. 2239 S 1AMI, 1	PALACI W.14 Fl 33	ios - LN. # 184	Change	Addition O9	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	7 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 exemptions contained in Chapter 119, 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: SIGNATURE AND TYPED ORPRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dayling Phone 9										