NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90768 035 ****61.25

90117916

DOCUMENT # 755006

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	C/O GUARANTEE MANAGEMENT
Suite, Apt. #, etc.	Suite, Apt. #, etc. 7200 N.W. 7th St. #300
City & State	City & State MIAMI FL
Zip / Country	Zip 33126 / Country U.S.A.

DO NOT WRITE IN THIS SPACE

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

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

DO NOT WRITE IN THIS SPACE

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

FEE IS $61.25
Initial or Amended UBR

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

TITLE	P/D
NAME	ALVAREZ, JOSEPH
STREET ADDRESS	12219 S.W. 14 LN. #2409
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	V/P/D
NAME	ORTEGA, ANA M.
STREET ADDRESS	12209 S.W. 14 LN. #1206
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	T/D
NAME	GONZALEZ-ABREU, MANUEL
STREET ADDRESS	12209 SW. 14 LN. #1312
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	D.
NAME	GONZALEZ, MAXIMO
STREET ADDRESS	12239 SW. 14 LN. #3108
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Joseph ALVAREZ 4-25-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE