

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90101 020 ****70.00

DOCUMENT # 757047

1. Entity Name
LAGO VISTA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

180 ROYAL PALM DR.
KISSIMMEE, FL 34743

Mailing Address

180 ROYAL PALM DR.
KISSIMMEE, FL 34743



01122006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2244996

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEVIN, NORMAN M
1313 PONCE DE LEON BLVD
SUITE 301
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME REISMAN, JEROME
STREET ADDRESS 3006 AVIATION AVE 34B
CITY-ST-ZIP MIAMI, FL 33133

TITLE PD
NAME LOIACONO, VINCENT J
STREET ADDRESS 5624 S.W. 84TH TERRACE
CITY-ST-ZIP MIAMI, FL

TITLE ~~VD~~
NAME ~~CHERN, MARSHALL M~~
STREET ADDRESS ~~1313 PONCE DE LEON BLVD #301~~
CITY-ST-ZIP ~~CORAL GABLES, FL~~

Delete

TITLE D
NAME MILES, CHARLES
STREET ADDRESS 510 E. 3RD AVE.
CITY-ST-ZIP N. WILDWOOD, NJ.

TITLE STD
NAME SEVIN, NORMAN M
STREET ADDRESS 1313 PONCE DE LEON BLVD #301
CITY-ST-ZIP CORAL GABLES, FL

TITLE VD
NAME LILLIAN CHERN
STREET ADDRESS 3948 SW 5th Street
CITY-ST-ZIP Miami, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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:

Norman M. Sevin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #