

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2008 08:00 AM
Secretary of State

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**



02152008 No Chg-NP

CR2E037 (4/06)

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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000835437
02/29/08-80034-014 158.75

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	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	CHERN, LILLIAN
STREET ADDRESS	3948 SW 5TH ST
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 **NORMAN M. SEVIN**

2/19/08 (305) 443-3343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #