2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# 757047

Entity Name: LAGO VISTA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

180 ROYAL PALM DR.
KISSIMMEE, FL 34743

New Principal Place of Business:

Current Mailing Address:

180 ROYAL PALM DR.
KISSIMMEE, FL 34743

New Mailing Address:

FEI Number: 59-2244996 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	REISMAN, JEROME	
Address:	3006 AVIATION AVE 34B	
City-St-Zip:	MIAMI, FL 33133	
Title:	PD	( ) Delete
Name:	LOIACONO, VINCENT J	
Address:	5624 S.W. 84TH TERRACE	
City-St-Zip:	MIAMI, FL	
Title:	D	( ) Delete
Name:	MILES, CHARLES,	
Address:	510 E. 3RD AVE.	
City-St-Zip:	N. WILDWOOD, NJ.,	
Title:	STD	( ) Delete
Name:	SEVIN, NORMAN M,	
Address:	1313 PONCE DE LEON BLVD #301	
City-St-Zip:	CORAL GABLES, FL	
Title:	VD	( ) Delete
Name:	CHERN, LILLIAN	
Address:	3948 SW 5TH ST	
City-St-Zip:	MIAMI, FL 33134	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	STD	(X) Change ( ) Addition
Name:	SEVIN, NORMAN M,	
Address:	1313 PONCE DE LEON BLVD #301	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN M. SEVIN SECY 01/21/2009

Electronic Signature of Signing Officer or Director — Date