

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90031 041 ****61.25

DOCUMENT # 768233

1. Entity Name
LAGO GRANDE FOUR CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business
**2415-2455 W. 67TH PLACE
6500- 6790 W. 24TH COURT
HIALEAH, FL 33016**

Mailing Address
**C/O FLORIDA PROPERTY MANAGEMENT
5979 NW 151ST STREET SUITE 101
MIAMI LAKES, FL 33014**

40044440



DO NOT WRITE IN THIS SPACE

01302008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2391204	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FLORIDA'S PROPERTY MANAGEMENT
5979 NW 151 ST
SUITE 101
MIAMI LAKES, FL 33014**

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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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOMINQUEZ, EDEL 5979 NW 159 STREET MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIERRA, ESTHER 5979 NW 151 STREET MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ABELL, CELESTE 5979 NW 151 STREET MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VERDE-RAMO, ADRIANA 5979 NW 151 STREET MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, JOSE 5979 NW 151 STREET MIAMI LAKES, FL 33014
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Esther Sierra **Sierra** 02/13/08 (305) 557-4283