

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 770458

1. Entity Name
LAKE ARBOR VILLAGE HOMEOWNER'S ASSOCIATION
UNIT SEVEN, INC.



FILED
08 AUG -8 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07242008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0026546

Applied For
Not Applicable

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

Principal Place of Business
~~6625 MIAMI LAKES DRIVE~~
~~332~~
~~MIAMI LAKES, FL 33014~~
7500 NW 25th St. 106, Doral, FL 33122

2. Principal Place of Business - No P.O. Box #
7500 NW 25 St.

Mailing Address
~~6625 MIAMI LAKES DRIVE~~
~~332~~
~~MIAMI LAKES, FL 33014~~
7500 NW 25 St.

3. Mailing Address
7500 NW 25 St.

Suite, Apt. #, etc. 106

Suite, Apt. #, etc. 106

City & State Doral, FL

City & State Doral, FL

Zip 33122 Country

Zip 33122 Country

6. Name and Address of Current Registered Agent

~~GLOBAL MANAGEMENT SERVICES, CORP.~~
~~6625 MIAMI LAKES DRIVE~~
~~332~~
~~MIAMI LAKES, FL 33014~~

7. Name and Address of New Registered Agent

Name Community Management Consultants Group

Street Address (P.O. Box Number is Not Acceptable)
7500 NW 25th St. # 106

City Doral FL Zip Code 33122

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 *Cochele Duggan* DATE 7/31/08

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

Amended AR is \$61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD	SILVA, AMANDA	<input type="checkbox"/> Delete	President	Milton Cuadros	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10764 N.W. 54TH AVENUE		STREET ADDRESS	5326 NW 198 TERRACE	
CITY-ST-ZIP	ORALOCKA, FL 33055		CITY-ST-ZIP	MIAMI GARDENS, FL 33055	
STB	AGEVEDO, MARIA	<input type="checkbox"/> Delete	Vice President	JOSE I. MONCADA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	19825 N.W. 53RD PLACE		STREET ADDRESS	5302 NW 197 TERRACE	
CITY-ST-ZIP	OPALOCKA, FL 33065		CITY-ST-ZIP	MIAMI GARDENS, FL 33055	
VRD	RIVERA, ROSA	<input type="checkbox"/> Delete	TREASURY/Secretary	RICARDO RODRIGUEZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6261 NW 195TH TERR.		STREET ADDRESS	19730 NW 54 PLACE	
CITY-ST-ZIP	OPALOCKA, FL 33055		CITY-ST-ZIP	MIAMI GARDENS, FL 33055	
<input type="checkbox"/> Delete			Director	Gilberto Uribe	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	5222 NW 197th TERRACE	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI GARDENS, FL 33055	
<input type="checkbox"/> Delete			Director	Roberto Garcia	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	5416 NW 197th TERRACE	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI GARDENS, FL 33055	
<input type="checkbox"/> Delete				800134457489	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	08/14/08-01007-010	
CITY-ST-ZIP			CITY-ST-ZIP	**61.25	

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]* DATE 7-31-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR