2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 06, 2006 8:00 am
Secretary of State
03-06-2006 90022 050 ****61.25

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1. Entity Name
THE HOME OWNERS ASSOCIATION OF LAGO VISTA INC.

Principal Place of Business	Mailing Address
8015 LAGO VISTA DR TAMPA, FL 33614	8015 LAGO VISTA DR TAMPA, FL 33614-2740

01272006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
SAME	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3759312 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SIERRA, FRANK J 8015 LAGO VISTA DRIVE TAMPA, FL 33614	Name ROBERT BUGGICA, PRES Street Address (P.O. Box Number is Not Acceptable) 8212 LA SERANA DR TAMPA FL City TAMPA, FL **FL** Zip Code 33614-2740

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 Robert Buggica 1-29-06
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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WHITT, STEVEN B 8308 PALMA VISTA LANE TAMPA, FL 336142740	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(P) ROBERT BUGGICA 8212 LA SERANA DR TAMPA, FL 33614-2740	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEKES, JOSEPH 3415 PICO DR. TAMPA, FL 336142740	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(VP) ROBERT SANTA CRUZ 8223 LA SERENA TAMPA, FL 33614-2740	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR SIERRA, FRANK 8015 LAGO VISTA DR TAMPA, FL 336142740	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(TREAS) KATHRYN SIERRA 8015 LAGO VISTA DR TAMPA, FL 33614-2740	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAMB, DOUG 8019 LAGO VISTA DR. TAMPA, FL 336142740	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(SEC) JOSEPH LEKES 3415 PICO DR TAMPA, FL 33614-2740	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUGGICA, LORETTA 8212 LA SERANA DR TAMPA, FL 336142740	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR GEORGE THARIN 8318 PALMA VISTA DR TAMPA, FL 33614-2740	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LACK, DARLENE 8314 PALMA VISTA DR. TAMPA, FL 336142740	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR G. MOHAMMAD 8004 LAGO VISTA DR TAMPA, FL 33614-2740	☑ Change ☐ Addition

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: Robert Buggica 2-1-06 (813) 933-4344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Robert Buggica 2-1-06 (813) 931-1921