

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008497

FILED
Jan 22, 2009
Secretary of State

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

Current Principal Place of Business:

8309 LAGO VISTA DR
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

8309 LAGO VISTA DR
TAMPA, FL 336142740

New Mailing Address:

8309 LAGO VISTA DR
TAMPA, FL 33614

FEI Number: 59-3759312

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIASECKI, SONIA
8309 LAGO VISTA DR
TAMPA, FL 33614 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: PRES () Delete
Name: PIASECKI, SONIA
Address: 8309 LAGO VISTA DR
City-St-Zip: TAMPA, FL 336142740

Title: VP () Delete
Name: THARIN, GEORGE
Address: 8318 PALMA VISTA LN
City-St-Zip: TAMPA, FL 336142740

Title: T () Delete
Name: TOLEDO, KENNETH
Address: 3308 EL AMADOR CT
City-St-Zip: TAMPA, FL 336142740

Title: S () Delete
Name: BUGGICA, ROBERT
Address: 8212 LA SERENA DR
City-St-Zip: TAMPA, FL 336142740

Title: D () Delete
Name: LACK, DARLENE
Address: 8314 PALMA VISTA LN
City-St-Zip: TAMPA, FL 336142740

Title: D () Delete
Name: VENEGAS, VANCE
Address: 8301 LA SERENA DR
City-St-Zip: TAMPA, FL 336142740

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: S (X) Change () Addition
Name: PIASECKI, MARTIN
Address: 8309 LAGO VISTA DR
City-St-Zip: TAMPA, FL 336142740

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SONIA PIASECKI

PRES

01/22/2009

Electronic Signature of Signing Officer or Director

Date