

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008497

FILED
Feb 25, 2011
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 33614

New Mailing Address:

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
Name: THARIN, GEORGE
Address: 8318 PALMA VISTA LN
City-St-Zip: TAMPA, FL 336142740

Title: VP
Name: MESSINA, MICHAEL
Address: 8311 LAGO VISTA DR
City-St-Zip: TAMPA, FL 336142740

Title: TRES
Name: PIASECKI, MARTIN
Address: 8309 LAGO VISTA DR
City-St-Zip: TAMPA, FL 336142740

Title: SEC
Name: PIASECKI, SONIA
Address: 8309 LAGO VISTA DR
City-St-Zip: TAMPA, FL 336142740

Title: D
Name: MARKS, JIM
Address: 8312 PALMA VISTA LN
City-St-Zip: TAMPA, FL 336142740

Title: D
Name: ESTRADA, MARIA
Address: 3302 LA HABRA CT
City-St-Zip: TAMPA, FL 336142740

I hereby 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 all other like empowered.

SIGNATURE: SONIA PIASECKI

SEC

02/25/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date