

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000497

FILED  
Apr 16, 2007  
Secretary of State

**Entity Name:** LAGO OAKS PROFESSIONAL OFFICE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

218 E BEARSS AVE  
409  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

218 E. BEARSS AVENUE  
#409  
TAMPA, FL 33613

**New Mailing Address:**

FEI Number: 75-3097547

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOBBS, ROBERT S  
3719 SWANN AVE.  
TAMPA, FL 33613 US

**Name and Address of New Registered Agent:**

SCAGLIONE, RONALD E  
218 E BEARSS AVE # 409  
TAMPA, FL 33613 US

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: RONALD E. SCAGLIONE

04/16/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SCAGLIONE, RONALD E  
Address: 218 E. BEARSS AVE # 409  
City-St-Zip: TAMPA, FL 33613

Title: DV ( ) Delete  
Name: DEAROLF, PETER  
Address: 15425 N FLORIDA AVE.  
City-St-Zip: TAMPA, FL 33613

Title: D (X) Delete  
Name: APOLLO POINT PROPERT, IES LLC  
Address: 1314 JAMANA LOOP  
City-St-Zip: APOLLO BEACH, FL 33572

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: RONALD E. SCAGLIONE

PRES

04/16/2007

Electronic Signature of Signing Officer or Director

Date