

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000524

FILED  
Apr 29, 2004  
Secretary of State

**Entity Name:** LAGO PLANTATION NORTH HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1920 E. HALLANDALE BEACH BLVD.  
SUITE 708  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

1920 E. HALLANDALE BEACH BLVD.  
SUITE 708  
HALLANDALE, FL 33009

**New Mailing Address:**

**FEI Number:** 81-0584420

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GORIN, MOISES  
1920 E. HALLANDALE BEACH BLVD., #708  
HALLANDALE, FL 33009

**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: PD ( ) Delete  
Name: GORIN, MOISES  
Address: 1920 E. HALLANDALE BEACH BLVD., #708  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: SD ( ) Delete  
Name: GORIN, ISAAC  
Address: 1920 E. HALLANDALE BEACH BLVD., #708  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: VPD ( ) Delete  
Name: GORIN, JUAN G  
Address: 1920 E. HALLANDALE BEACH BLVD., #708  
City-St-Zip: HALLANDALE BEACH, FL 33009

**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 Section 119.07(3)(i), 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: MOISES GORIN

PD

04/29/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date