

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-03-2003 90068 014 ****61.25

DOCUMENT # N02000000524

1. Entity Name

LAGO PLANTATION NORTH HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

1950 CYPRESS ROAD, SUITE 211-B
PLANTATION FL 33317

Mailing Address

6950 CYPRESS ROAD, SUITE 211-B
PLANTATION FL 33317

2. Principal Place of Business

1920 E. HALLANDALE BEACH BLVD

Suite, Apt. #, etc.

SUITE 708

City & State

HALLANDALE, FL.

Zip

33009

Country

BROWARD-USA

3. Mailing Address

1920 E. HALLANDALE BEACH BLVD

Suite, Apt. #, etc.

#708

City & State

HALLANDALE, FL

Zip

33009

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

P1-0584420

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMMENS, ALLEN T
6950 CYPRESS ROAD, SUITE 211-B
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name MOISES GORIN

Street Address (P.O. Box Number is Not Acceptable)

1920 E. HALLANDALE BEACH BLVD #708

City

HALLANDALE, FL.

FL

Zip Code

33009

I, 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

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/03

FILE NOW: FEE IS \$61.25

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SIMMENS, ALLEN T	
STREET ADDRESS	6950 CYPRESS ROAD, SUITE 211-B	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	VSTD	<input checked="" type="checkbox"/> Delete
NAME	SIMMENS, CHARLENE	
STREET ADDRESS	6950 CYPRESS ROAD, SUITE 211-B	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVINO, ANGELO	
STREET ADDRESS	6950 CYPRESS ROAD, SUITE 211-B	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOISES GORIN	
STREET ADDRESS	1920 E. HALLANDALE BEACH BLVD #708	
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009	
TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ISAAC GORIN	
STREET ADDRESS	1920 E. HALLANDALE BEACH BLVD #708	
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009	
TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUAN G. GORIN	
STREET ADDRESS	1920 E. HALLANDALE BEACH BLVD #708	
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

2. I hereby certify that the information supplied with this filing does not qualify 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/03

954-454-7860

CR2E037 (10/02)