



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90007 035 ****61.25

DOCUMENT # N02000000565					
1. Entity Name LAGO PLANTATION SOUTH HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 21400 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33180			Mailing Address 21400 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33180		
2. Principal Place of Business 105 SW 128th Ave Suite, Apt. #, etc.		3. Mailing Address 105 SW 128th Ave Suite, Apt. #, etc.			
City & State PLANTATION, FL		City & State PLANTATION, FL		4. FEI Number 81-0584425	
Zip 33325		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GORIN, MOISES 21400 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33180			7. Name and Address of New Registered Agent Name <u>ESTELA RENGIFO</u> Street Address (P.O. Box Number is Not Acceptable) 105 SW 128th Ave. City <u>PLANTATION</u> <u>FL</u> Zip Code <u>33325</u>		
8. 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 <u>Estela Rengifo</u> DATE <u>3/14/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GORIN, MOISES 21400 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33180	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT VINIAN RICARDO 117 SW 128th AVE PLANTATION, FL 33325	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GORIN, ISAAC 21400 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33180	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT GREGG WAGNER 104 SW 128th AVE PLANTATION, FL 33325	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GORIN, ANA 21400 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33180	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ESTELA RENGIFO 105 SW 128th AVE PLANTATION, FL 33325	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY GEORGINA ATORRESAGASTI 100 SW 128th AVE PLANTATION, FL 33325	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Gregg Wagner Vice President</u> <u>3/13/06</u> <u>954-916-8790</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					