


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90092 040 \*\*\*\*61.25

<b>DOCUMENT # N02000000565</b>	
1. Entity Name <b>LAGO PLANTATION SOUTH HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>105SW 128TH AVE PLANTATION, FL 33325</b>	Mailing Address <b>105SW 128TH AVE PLANTATION, FL 33325</b>
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2. Principal Place of Business - No P.O. Box # <b>105 S.W. 128th Ave.</b>	3. Mailing Address <b>105 S.W. 128th Avenue</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Plantation, FL</b>	City & State <b>Plantation, FL</b>
Zip <b>33325</b>	Zip <b>33325</b>
Country <b>USA</b>	Country <b>USA</b>

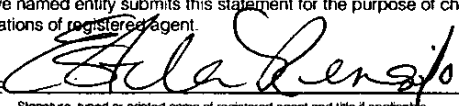


01122007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>81-0584425</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>RENGIFO, ESTELA 105 SW 128TH AVE PLANATION, FL 33325</b>	7. Name and Address of New Registered Agent Name <b>Estela Rengifo</b> Street Address (P.O. Box Number is Not Acceptable) <b>105 S.W. 128 Ave.</b> City <b>Plantation</b> FL Zip Code <b>33325</b>
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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 	DATE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RICARDO, VIVIAN</b>		NAME <b>Terry Nazon</b>	
STREET ADDRESS <b>117 SW 128TH AVE</b>		STREET ADDRESS <b>107 S.W. 128 Avenue</b>	
CITY-ST-ZIP <b>PLANTATION, FL 33325</b>		CITY-ST-ZIP <b>Plantation, FL 33325</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <b>Vice-President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WAGNER, GREGG</b>		NAME <b>Rosario Ellenhorst</b>	
STREET ADDRESS <b>104 SW 128TH AVE</b>		STREET ADDRESS <b>108 S.W. 128 Avenue</b>	
CITY-ST-ZIP <b>PLANTATION, FL 33325</b>		CITY-ST-ZIP <b>Plantation, FL 33325</b>	
TITLE <b>T</b>	<input type="checkbox"/> Delete	TITLE <b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RENGIFO, ESTELA</b>		NAME <b>Estela Rengifo</b>	
STREET ADDRESS <b>105 SW 128TH AVE</b>		STREET ADDRESS <b>105 S.W. 128 Ave.</b>	
CITY-ST-ZIP <b>PLANTATION, FL 33325</b>		CITY-ST-ZIP <b>Plantation, FL 33325</b>	
TITLE <b>S</b>	<input type="checkbox"/> Delete	TITLE <b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ATORRESAGASTI, GEORGINA</b>		NAME <b>Cheri Rodgers</b>	
STREET ADDRESS <b>100 SW 128TH AVE</b>		STREET ADDRESS <b>112 S.W. 128 Avenue</b>	
CITY-ST-ZIP <b>PLANTATION, FL 33325</b>		CITY-ST-ZIP <b>Plantation, FL 33325</b>	
TITLE	<input type="checkbox"/> Delete	TITLE <b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME <b>Stacey Berube</b>	
STREET ADDRESS		STREET ADDRESS <b>113 S.W. 128 Avenue</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>Plantation, FL 33325</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.	
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SIGNATURE: 	Date <b>1-24-07</b>	Daytime Phone # <b>954 246 6005</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		