

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010352

FILED
Apr 29, 2009
Secretary of State

Entity Name: AL LAGO VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

162-171 BOUNDARY BLVD
ROTONDA WEST, FL 33947

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3271
PLACIDA, FL 33946

New Mailing Address:

FEI Number: 01-0814532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AL LAGO VILLAGE CONDOMINIUM ASSOC.
C/O JUNE AMUNDSON
165 R BOUNDARY BLVD
ROTONDA WEST, FL 33947 US

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: D () Delete
Name: ENGEL, CAROL
Address: 163 R BUNDARY BLVD
City-St-Zip: ROTONDA WEST, FL 33947

Title: TREA () Delete
Name: AMUNDSON, JUNE
Address: 165R BOUNDARY BLVD
City-St-Zip: ROTONDA WEST, FL 33947

Title: D () Delete
Name: CIONEK, DAVID
Address: 171 L BOUNDARY BLVD
City-St-Zip: ROTONDA WEST, FL 33947

Title: S () Delete
Name: DAVIS, MABEL
Address: 162 R BOUNDARY BLVD
City-St-Zip: ROTONDA WEST, FL 33947

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MABEL DAVIS

S

04/29/2009

Electronic Signature of Signing Officer or Director

Date