


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # N03251		
1. Entity Name LAGO GRANDE FIVE CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 6520 W. 24TH COURT HIALEAH, FL 33016 US	Mailing Address 6520 W. 24TH COURT HIALEAH, FL 33016 US	



01302008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2512404	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROUGH, CHADROW & LEVINE, P.A. 1900 NORTH COMMERCE PARKWAY WESTON, FL 33326
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**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRAVO, JACQUELINE 6520 W 24 CT HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARCIA, DIEGO 6520 W 24 CT HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, CARLOS 6520 W 24 CT HIALEAH, FL 33016
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03/13/08-80039-019 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACQUELINE BRAVO 02/29/2008 (305) 557-4287

Date

Daytime Phone #