

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000006937 1. Entity Name L'LAGO PROPERTY OWNERS ASSOCIATION, INC.						FILED 05 JUL -1 PM 3:39 SEC. OF STATE TALLAHASSEE, FLORIDA 1/24/05 90049 0150 \$11.25 3/10/05 90158 030 \$50.00 06292005 Chg-NP CR2E037 (10/03)	
Principal Place of Business 3104 N. ARMENIA AVENUE TAMPA, FL 33607				Mailing Address 3104 N. ARMENIA AVENUE TAMPA, FL 33607			
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address P.O. BOX 2206 Suite, Apt. #, etc.			4. FEI Number 20-2058128 Applied For <input type="checkbox"/> Not Applicable	
City & State			City & State Tampa, Fl.				
Zip Country		Zip Country					
33607 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent FERNANDEZ, KRISTOPHER E 307 SOUTH BLVD. SUITE D TAMPA, FL 33606				7. Name and Address of New Registered Agent Name Angel Oliva, Jr. Street Address (P.O. Box Number is Not Acceptable) 3104 N. Armenia Avenue City Tampa FL Zip Code 33607			
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				Angel Oliva, Jr.		6/29/05 <small>DATE</small>	
Filing Fee is \$61.25 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. <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	President <input type="checkbox"/> Delete Angel Oliva, Jr. P.O. BOX 2206 Tampa, Fla. 33601			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President <input type="checkbox"/> Delete John E. Oliva P. O. BOX 2206 Tampa, Fl. 33601			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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		
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 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:				6/29/05 813-248-4921			