## 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N05000012843

FILED Jun 01, 2006 Secretary of State

Entity Name: LAKE ISLE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

14160 PALMETTO FRONTAGE ROAD #21 MIAMI LAKES, FL 33016

**Current Mailing Address: New Mailing Address:** 

14160 PALMETTO FRONTAGE ROAD #21 MIAMI LAKES, FL 33016

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VILARELLO, ALEJANDRO ESQ 14160 PALMETTO FRONTAGE ROAD #21 MIAMI LAKES, FL 33016

**OFFICERS AND DIRECTORS:** 

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:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

LAGOMACINI, JEFFREY HORSLEY, GARY Name: Name:

14160 PALMETTO FRONTAGE ROAD #21 Address: 14160 PALMETTO FRONTAGE ROAD #21 Address:

City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: MIAMI LAKES, FL 33016

Title: DS () Delete Title: () Change () Addition

Name: VEGA, ALEXANDER Name: Address: 14160 PALMETTO FRONTAGE ROAD #21 Address: City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition GUERRA, OSVALDO R R Name: MUNOZ, DANIELLE R Name:

14160 PALMETTO FRONTAGE ROAD #21 14160 PALMETTO FRONTAGE ROAD #21 Address: Address:

City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: MIAMI LAKES, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the 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: GARY HORSLEY DP 06/01/2006