2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT #N15044

1. Entity Name
LAGO BELLO #1 TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5788-10/5764-86 WEST 26TH AVE HIALEAH, FL 33016 US	C/O AMERICAN MANAGEMENT AND REALTY, INC. 2011 W 62 ST HIALEAH, FL 33016 US

DO NOT WRITE IN THIS SPACE

03282008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0232998

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AMERICAN MANAGEMENT & REALTY, INC
2011 W 62 ST
HIALEAH, FL 33016

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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)

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	PD
NAME	HERNANDEZ, BESSY
STREET ADDRESS	5792 WEST 26 AVE
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	TD
NAME	MESA, PEDRO
STREET ADDRESS	5788 WEST 26 AVE
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	S
NAME	MARTIN, CASOLA
STREET ADDRESS	5794 W 26 AVE
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/08-80035-007 61.25

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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: _____ 3-27-08 305-658-9820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #