


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N21182</b> 1. Entity Name <b>LAGO GRANDE 5-D CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>9360 SUNSET DR SUITE 252 MIAMI, FL 33173</b>	Mailing Address <b>9360 SUNSET DR SUITE 252 MIAMI, FL 33173</b>
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01072005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0122171</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>ROBERTS, NORMAN T PA 50 W MASHTA DR KEY BISCAVNE, FL 33149</b>
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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

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CABEZA, OMAR 9360 SUNSET DR. #252 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TRETO, VINCENTE 9360 SUNSET DR. #252 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAQUEL, GONZALEZ 9360 SUNSET DR. #252 MIAMI, FL 33173
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/17/05-80051-010 61.25

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 **02/17/05** **305 630-3660**  
Date Daytime Phone #