

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N21182

FILED
Dec 08, 2006
Secretary of State

Entity Name: LAGO GRANDE 5-D CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9360 SUNSET DR
SUITE 252
MIAMI, FL 33173

New Principal Place of Business:

9415 SUNSET DRIVE
SUITE 149
MIAMI, FL 33173

Current Mailing Address:

9360 SUNSET DR
SUITE 252
MIAMI, FL 33173

New Mailing Address:

9415 SUNSET DR
SUITE 149
MIAMI, FL 33173

FEI Number: 65-0122171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, NORMAN T PA
50 W MASHTA DR
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

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: NORMAN T ROBERTS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CABEZA, OMAR
Address: 9360 SUNSET DR. #252
City-St-Zip: MIAMI, FL 33173

Title: TD () Delete
Name: TRETO, VINCENTE
Address: 9360 SUNSET DR. #252
City-St-Zip: MIAMI, FL 33173

Title: SD () Delete
Name: RAQUEL, GONZALEZ
Address: 9360 SUNSET DR. #252
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CABEZA, OMAR
Address: 9415 SUNSET DR. #149
City-St-Zip: MIAMI, FL 33173

Title: TD (X) Change () Addition
Name: TRETO, VINCENTE
Address: 9415 SUNSET DR. #149
City-St-Zip: MIAMI, FL 33173

Title: SD (X) Change () Addition
Name: RAQUEL, GONZALEZ
Address: 9415 SUNSET DR. #149
City-St-Zip: MIAMI, FL 33173

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: OMAR CABEZA

PD

12/08/2006

Electronic Signature of Signing Officer or Director

Date