2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21182

FILED Mar 10, 2009 Secretary of State

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

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

9415 SUNSET DRIVE SUITE 149 MIAMI, FL 33173

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

 MELONI, EDOARDO
 FEIN & MELONI, PA

 900 S.W. 40 AVENUE
 900 S.W. 40 AVENUE

 MIAMI, FL 33317 US
 MIAMI, FL 33317 US

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: FEIN & MELONI, PA 03/10/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: PD (X) Change () Addition

Name: CABEZA, OMAR Name: MIELGO, JULIA
Address: 9415 SUNSET DRIVE SUITE #149 Address: 9415 SUNSET DRIVE SUITE #149

City-St-Zip: MIAMI, FL 33173 City-St-Zip: MIAMI, FL 33173

Name: TRETO, VINCENTE Name: TRETO, MERCEDES

Address: 9415 SUNSET DRIVE SUITE #149 Address: 9415 SUNSET DRIVE SUITE #149

City-St-Zip: MIAMI, FL 33173 City-St-Zip: MIAMI, FL 33173

Title: SD () Delete Title: () Change () Addition

 Name:
 RAQUEL, GONZALEZ
 Name:

 Address:
 9415 SUNSET DRIVE SUITE #149
 Address:

 City-St-Zip:
 MIAMI, FL 33173
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JULIA MIELGO PD 03/10/2009