

2005. NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90230 009 ****61.25

DOCUMENT # N27232

1. Entity Name

EL LAGO HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

2994 JOG ROAD
B
GREENACRES FL 33467
US

Mailing Address

2994 JOG ROAD
B
GREENACRES FL 33467
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

65-0157610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GERRISH, SCOT
2994 JOG RD
STE B
GREENACRES FL 33467

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]

Scot Gerrish 4/12/05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RAGBIR, HAROLD	
STREET ADDRESS	6182 SEVEN SPRINGS BLVD	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KELLER, NICOLE	
STREET ADDRESS	6189 SEVEN SPRINGS BLVD	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GABRIEL, LONNA	
STREET ADDRESS	6183 SEVEN SPRINGS BLVD	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, VALERIE	
STREET ADDRESS	6102 SEVEN SPRINGS BLVD	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	D	<input type="checkbox"/> Delete
NAME	DARVILLE, DEAN	
STREET ADDRESS	6159 SEVEN SPRINGS BLVD	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOPKINS, CHAD	
STREET ADDRESS	6147 SEVEN SPRINGS BLVD	
CITY-ST-ZIP	GREENACRES FL 33463	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anthony Pacella	
STREET ADDRESS	6175 Seven Springs Blvd.	
CITY-ST-ZIP	Greenacres, FL 33463	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	micah C. Heins	
STREET ADDRESS	6143 Seven Springs Blvd.	
CITY-ST-ZIP	Greenacres, FL 33463	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Courtney Palacios	
STREET ADDRESS	6146 Seven Springs Blvd.	
CITY-ST-ZIP	Greenacres, FL 33463	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judy Loucks	
STREET ADDRESS	6158 Seven Springs Blvd.	
CITY-ST-ZIP	Greenacres, FL 33463	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Noel Ann Dupay	
STREET ADDRESS	6196 Seven Springs Blvd.	
CITY-ST-ZIP	Greenacres, FL 33463	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nicole Monack	
STREET ADDRESS	6197 Seven Springs Blvd.	
CITY-ST-ZIP	Greenacres, FL 33463	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]

Pura B.O.P. 4-13-05

(561) 641-1016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

20043642

N27232

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Kerry Wortham
6178 Seven Springs Boulevard
Greenacres, FL 33463

Addition