

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90134 048 ****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 (10/05)

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

7. Name and Address of New Registered Agent

GERRISH, SCOT
2994 JOG RD
STE B
GREENACRES FL 33467

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, 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, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME PACELLA, ANTHONY
STREET ADDRESS 6175 SEVEN SPRINGS BLVD
CITY-ST-ZIP GREENACRES FL 33463

TITLE D ☐ Change ☒ Addition
NAME Hadley, Nicole
STREET ADDRESS 6183 Seven Springs Blvd.
CITY-ST-ZIP Greenacres, FL 33463

TITLE VD ☐ Delete
NAME HEINS, MICAH
STREET ADDRESS 6143 SEVEN SPRINGS BLVD
CITY-ST-ZIP GREENACRES FL 33463

TITLE VSD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME PALACIOS, COURTNEY
STREET ADDRESS 6146 SEVEN SPRINGS BLVD
CITY-ST-ZIP GREENACRES FL 33463

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME LOUCKS, JUDY
STREET ADDRESS 6158 SEVEN SPRINGS BLVD
CITY-ST-ZIP GREENACRES FL 33463

TITLE D ☐ Change ☒ Addition
NAME McAloun, James
STREET ADDRESS 6146 Seven Springs Blvd.
CITY-ST-ZIP Greenacres, FL 33463

TITLE D ☒ Delete
NAME DARVILLE, DEAN
STREET ADDRESS 6159 SEVEN SPRINGS BLVD
CITY-ST-ZIP GREENACRES FL 33463

TITLE TD ☐ Change ☒ Addition
NAME Rose, Carolyn
STREET ADDRESS 6185 Seven Springs Blvd.
CITY-ST-ZIP Greenacres, FL 33463

TITLE D ☒ Delete
NAME HOPKINS, CHAD
STREET ADDRESS 6147 SEVEN SPRINGS BLVD
CITY-ST-ZIP GREENACRES FL 33463

TITLE D ☐ Change ☒ Addition
NAME Wartham, Kerry
STREET ADDRESS 6178 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 exemptions contained in Section 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:

Carolyn Rose - Carolyn Rose, Treasurer : 3/15/06: 301.641.1016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #