

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90845 025 \*\*\*\*61.25

<b>DOCUMENT # N27232</b> 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 - No P.O. Box # 4524 bunclubrd Suite, Apt. #, etc. #105		3. Mailing Address 4524 bunclubrd Suite, Apt. #, etc. #105	
City & State WPB 21 33415 Country		City & State WPB 21 33415 Country	
4. FEI Number 65-0157610		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 CAMSPUS Inc 4524 bunclubrd #105 City WPB 21 33415 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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">             SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="text-align: center;">             Kim TOASE  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="text-align: center;">             4/25/07  <small>DATE</small> </div> </div>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HADLEY, NICOLE 6183 SEVEN SPRINGS BLVD. GREENACRES, FL 33463 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD INGEBORG MANSOUR 6144 SEVEN SPRINGS BLVD GREENACRES, FL 33463 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HEINS, MICAH 6143 SEVEN SPRINGS BLVD GREENACRES, FL 33463 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALERIE Johnson 6102 SEVEN SPRINGS BLVD GREENACRES, FL 33463 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALACIOS, COURTNEY 6146 SEVEN SPRINGS BLVD GREENACRES, FL 33463 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JEDINE SUE DARVILLE 6159 SEVEN SPRINGS BLVD GREENACRES, FL 33463 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCALOON, JAMES 6140 SEVEN SPRINGS BLVD. GREENACRES, FL 33463 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NATALYA NELLIS 6155 SEVEN SPRINGS BLVD GREENACRES, FL 33463 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSE, CAROLYN 6185 SEVEN SPRINGS BLVD. GREENACRES, FL 33463 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WORTHAM, KERRY 6178 SEVEN SPRINGS BLVD. GREENACRES, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 exemption.			
<b>SIGNATURE:</b> <b>INGEBORG MANSOUR</b> 4-21-07 561-642-5445 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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04192007 Chg-NP CR2E037 (12/06)