

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36331

1. Entity Name

LAGO WELLEBY HOMEOWNERS ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 OCT 11 AM 11:50

Principal Place of Business

Mailing Address

P.O. BOX 450821
SUNRISE FL 33345-7821

P.O. BOX 450821
SUNRISE FL 33345-7821

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0302274

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

MIKKELSEN, KARL
10699 LAGO WELLEBY DR
SUNRISE FL 33351

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.

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
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLANCHARD, DONOVAN	
STREET ADDRESS	10848 LAGO WELLEBY DR	
CITY-ST-ZIP	SUNRISE FL	
TITLE	DPT	<input checked="" type="checkbox"/> Delete
NAME	GROTHAUSE, TIMOTHY	
STREET ADDRESS	10856 LAGO WELLEBY DRIVE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KEELEY, ADRIAN	
STREET ADDRESS	10669 LAGO WELLEBY DR	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christa Ritchie	
STREET ADDRESS	10651 LAGO WELLEBY DR	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maritza Arocho-MacDonald	
STREET ADDRESS	10675 LAGO WELLEBY DRIVE	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Adrian Keeley	
STREET ADDRESS	10669 LAGO WELLEBY DR	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karl Mikkelsen	
STREET ADDRESS	10699 LAGO WELLEBY DR	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

MARITZA AROCHO-MACDONALD

9/4/01

305-545-3284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WORK

CR2007 (8/01)