

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90109 047 \*\*\*\*61.25

**DOCUMENT # N36331**

1. Entity Name

**LAGO WELLEBY HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

P.O. BOX 450821  
 SUNRISE FL 33345-7821

Mailing Address

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

Zip

Country

Zip

Country

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

**MIKKELSEN, KARL**  
**10699 LAGO WELLEBY DR**  
**SUNRISE FL 33351**

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

After September 13, 2002,  
 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	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RITCHIE, CHRISTA</b>	
STREET ADDRESS	<b>10651 LAGO WELLEBY DR</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>AROCHO-MACDONALD, MARITZA</b>	
STREET ADDRESS	<b>10675 LAGO WELLEBY DR</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>KEELEY, ADRIAN</b>	
STREET ADDRESS	<b>10669 LAGO WELLEBY DR</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MIKKELSON, KARL</b>	
STREET ADDRESS	<b>10699 LAGO WELLEBY DR</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Secretary, Treasurer, Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Arocho-MacDonald Maritza</b>	
STREET ADDRESS	<b>10675 Lago Welleby Dr</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Director Kelly Tortoriello</b>	
STREET ADDRESS	<b>10773 Lago Welleby Dr</b>	
CITY-ST-ZIP	<b>SUNRISE, FL 33351</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Fred Volmer Director</b>	
STREET ADDRESS	<b>10633 Lago Welleby Dr</b>	
CITY-ST-ZIP	<b>SUNRISE, FL 33351</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Anthony Tortoriello</b>	
STREET ADDRESS	<b>10773 Lago Welleby Dr</b>	
CITY-ST-ZIP	<b>SUNRISE, FL 33351</b>	

CR2E037 (4/02)

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 REQUIRED** *Neelza MacDonald* 954-572-5338  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #