2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36331

FILED Sep 08, 2004 Secretary of State

Entity Name: LAGO WELLEBY HOMEOWNERS ASSOCIATION, INC.

| Current Pr | incipal Plac | e of Business: | New Principal Pla | New Principal Place of Business: | |
|---|---|---|---|--|--|
| P.O. BOX 4 SUNRISE, | 150821 FL 3334578: | 21 | | | |
| Current Mailing Address: | | | New Mailing Add | New Mailing Address: | |
| P.O. BOX 4 SUNRISE, | 150821 FL 3334578: | 21 | | | |
| FEI Number: | 65-0302274 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of | Current Registered Agent: | Name and Addres | ss of New Registered Agent: | |
| MIKKELSE 10699 LAG SUNRISE, | O WELLEBY | DR US | | | |
| The above in the State | | submits this statement for the pu | rpose of changing its regist | ered office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| | Electro | nic Signature of Registered Ager | nt | Date | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHAI | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | D (X TORTORIELL 10773 LAGO V SUNRISE, FL | WELLEBY DR | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | AROCHO-MA |) Delete CDONALD, MARITZA WELLEBY DR 33351 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | S (MORRISON, F 10687 LAGO V SUNRISE, FL | WELLEBY DR | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | MIKKELSON, | WELLESBY DR | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP (VOLMER, FRI 10773 LAGO SUNRISE, FL | WELLEBY DR | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () TORTORIELL 10773 LAGO \ SUNRISE, FL | WELLEBY DR | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARITZA AROCHO-MACDONALD STD 09/08/2004