

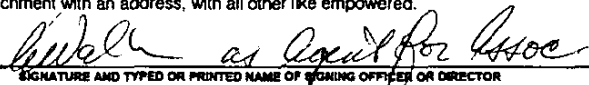


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90153 041 ****61.25

DOCUMENT # N36331			
1. Entity Name LAGO WELLEBY HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 10699 LAGO WELLEBY DRIVE SUNRISE, FL 33345-7821		Mailing Address P.O. BOX 450821 SUNRISE, FL 33345-7821	
2. Principal Place of Business - No P.O. Box # 9715 W BROWARD BLVD		3. Mailing Address PO Box 15624	
Suite, Apt. #, etc. # 235		Suite, Apt. #, etc.	
City & State PLANTATION FL		City & State PLANTATION FL	
Zip 33324	Country USA	Zip 33318	Country USA
4. FBI Number 65-0302274		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIKKELSEN, KARL 10699 LAGO WELLEBY DR SUNRISE, FL 33351		7. Name and Address of New Registered Agent Name ARLINE WALKER Street Address (P.O. Box Number is Not Acceptable) ALW PROPERTY MANAGEMENT INC 9715 W BROWARD BLVD #235 City PLANTATION FL Zip Code 33324	
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 		DATE 4/30/08	
Signatures, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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 NAME STREET ADDRESS CITY-ST-ZIP	TD AROCHO-MACDONALD, MARITZA <input type="checkbox"/> Delete 10675 LAGO WELLEBY DR SUNRISE, FL 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORRISON, PATRICIA <input type="checkbox"/> Delete 10687 LAGO WELLEBY DR SUNRISE, FL 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIKKELSON, KARL <input type="checkbox"/> Delete 10699 LAGO WELLEBY DR SUNRISE, FL 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VOLMER, FRED <input checked="" type="checkbox"/> Delete 10633 LAGO WELLEBY DR SUNRISE, FL 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIELE, STEVEN <input checked="" type="checkbox"/> Delete 10633 LAGO WELLEBY DR SUNRISE, FL 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACDONALD, MATT <input checked="" type="checkbox"/> Delete 10675 LAGO WELLEBY DR SUNRISE, FL 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		VP D	
		PD MIKKELSON, MARIWYN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10699 LAGO WELLEBY DRIVE SUNRISE FL 33351	
		PD JEAN MORRISON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10687 LAGO WELLEBY DR SUNRISE FL 33351	
		DLUANA GRAVES Sellers <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10656 LAGO WELLEBY DR SUNRISE FL 33351	
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 empowered.			
SIGNATURE: 		DATE: 4/30/08 DAYTIME PHONE: 854 916 2418	
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	