

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36331

FILED
Apr 13, 2012
Secretary of State

Entity Name: LAGO WELLEBY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9715 W BROWARD BLVD
SUITE #235
PLANTATION, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 15624
PLANTATION, FL 33318 US

New Mailing Address:

FEI Number: 65-0302274 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WALKER, ARLINE
A & W PROPERTY MANAGEMENT, INC
773 N W 100 TERRACE
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VPTD
Name: JATOFT, MICHAEL
Address: 10627 LAGO WELLEBY DR
City-St-Zip: SUNRISE, FL 33351

Title: SD
Name: MORRISON, PATRICIA
Address: 10687 LAGO WELLEBY DR
City-St-Zip: SUNRISE, FL 33351

Title: D
Name: DAJANI, MOHAMED
Address: 10633 LAGO WELLESBY DR
City-St-Zip: SUNRISE, FL 33351

Title: PD
Name: MIKKELSON, MARILYN
Address: 10699 LAGO WELLEBY DRIVE
City-St-Zip: SUNRISE, FL 33351

Title: D
Name: MCDONALD, MARITZA
Address: 10675 LAGO WELLEBY DRIVE
City-St-Zip: SUNRISE, FL 33351

Title: D
Name: JEAN, MORRISON
Address: 10687 LAGO WELLEBY DRIVE
City-St-Zip: SUNRISE, FL 33351

I hereby 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 all other like empowered.

SIGNATURE: MARILYN MIKKELSON

PRES

04/13/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date