

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90123 034 ****61.25

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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**

CHECK HERE IF MAKING CHANGES



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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

**\$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	D TORTORIELLO, KELLY	<input type="checkbox"/> Delete
STREET ADDRESS	10773 LAGO WELLEBY DR	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE NAME	STD AROCHO-MACDONALD, MARITZA	<input type="checkbox"/> Delete
STREET ADDRESS	10675 LAGO WELLEBY DR	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE NAME	DV KEELEY, ADRIAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	10669 LAGO WELLEBY DR	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE NAME	P MIKKELSON, KARL	<input type="checkbox"/> Delete
STREET ADDRESS	10699 LAGO WELLESBY DR	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE NAME	D VOLMER, FRED	<input type="checkbox"/> Delete
STREET ADDRESS	10773 LAGO WELLEBY DR	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE NAME	D TORTORIELLO, ANTHONY	<input type="checkbox"/> Delete
STREET ADDRESS	10773 LAGO WELLEBY DR	
CITY-ST-ZIP	SUNRISE FL 33351	

TITLE NAME	Secretary Patricia Morrison	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	10687 LAGO WELLEBY DR	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Volmer Fred Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10773 LAGO WELLEBY DR	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Archo-MacDonald* 6/3/03 954.572-5338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)