2002 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2002 8:00 am Secretary of State **DOCUMENT # N43457** 1. Entity Name 02-13-2002 90228 006 ****61.25 LAGO DEL SOL HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 5824 LAGO DEL SOL DR C/O BRUCE GRAN Danmana LAKE WORTH FL 33467 2813 NE 27TH STREET LIGHTHOUSE POINT FL 33064 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0484033 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GRAN, BRUCE R 2813 NE 27TH STREET LIGHTHOUSE POINT FL 33064 Zip Code City FL 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 SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 OFFICERS AND DIRECTORS 11. TITLE PD Delete TITLE Change ☐ Addition MCCLINTOCK, JOEL NAME STREET ADDRESS 5824 LAGO DEL SOL DR STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33467 CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME STUDD, PAUL NAME STREET ADDRESS 5748 LAGO DEL SOL DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Delete Change ☐ Addition TITLE TITLE HISCOLK, CLIVE NAME NAME STREET ADDRESS STREET ADDRESS 7361 NAUTICAL WAY CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 Change ☐ Addition מד ☐ Delete TITLE TITLE NAME MEIERS, JOHN NAME STREET ADDRESS STREET ADDRESS 5571 LAGO DEL SOL DR CITY-ST-ZIP CITY-ST-7IP LAKE WORTH FL 33467 ☐ Change ☐ Addition ☐ Delete TITLE WALLER, CRAIG NAME NAME STREET ADDRESS STREET ADDRESS 5792 LAGO DEL SOL DR CITY-ST-ZIP CITY-ST-7IP LAKE WORTH FL 33467 ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

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 attackment with an address, with all other like empowered.

SIGNATURE: