

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43457

FILED
Feb 22, 2006
Secretary of State

Entity Name: LAGO DEL SOL HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5551 LAGO DEL SOL DRIVE
LAKE WORTH, FL 33467

New Principal Place of Business:

5748 LAGO DEL SOL DRIVE
LAKE WORTH, FL 33467

Current Mailing Address:

P.O. BOX 540721
LAKE WORTH, FL 33454

New Mailing Address:

FEI Number: 65-0484033 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HISCOCK, CLIVE
5551 LAGO DEL SOL DRIVE
LAKE WORTH, FL 33467 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: P/D () Delete
Name: HISCOCK, CLIVE
Address: 5551 LAGO DEL SOL DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: S/D () Delete
Name: LLEWELLYN, BRITTA
Address: 5566 LAGO DEL SOL DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: VP/D () Delete
Name: DEAL, TAMMY
Address: 5681 LAGO DEL SOL DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: VP/D () Delete
Name: WHALEY, DEXTER
Address: 5594 LAGO DEL SOL DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: T/D () Delete
Name: MCCLAIN, SANDRA
Address: 5593 LAGO DEL SOL DRIVE
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: STUDD, PAUL
Address: 5748 LAGO DEL SOL DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP/D (X) Change () Addition
Name: DEAL, TAMMY
Address: 5791 LAGO DEL SOL DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: VP/D (X) Change () Addition
Name: JOROS, BRIAN
Address: 5682 LAGO DEL SOL DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: PAUL STUDD

P

02/22/2006

Electronic Signature of Signing Officer or Director

_____ Date