
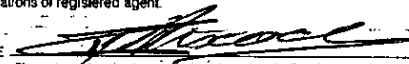
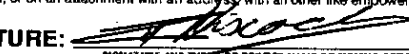


03-03-2003 90906 013 \*\*\*\*61.25

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

80045147

<b>DOCUMENT # N43457</b>					
1. Entity Name <b>LAGO DEL SOL HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business 5824 LAGO DEL SOL DR LAKE WORTH, FL 33467		Mailing Address C/O BRUCE GRAN 2813 NE 27TH STREET LIGHTHOUSE POINT, FL 33064			
2. Principal Place of Business		3. Mailing Address <b>C/O C. HISCOCK</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>5551 LAGO DEL SOL DR</b>			
City & State		City & State <b>LAKE WORTH, FL</b>			
Zip	Country	Zip	Country		
<b>33467</b>		<b>33467</b>			
4. FEI Number		Applied For			
<b>65-0484033</b>		<input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GRAN, BRUCE R 2813 NE 27TH STREET LIGHTHOUSE POINT, FL 33064		7. Name and Address of New Registered Agent Name <b>CLIVE HISCOCK</b> Street Address (P.O. Box Number is Not Acceptable) <b>5551 LAGO DEL SOL DR</b> City <b>LAKE WORTH FL</b> Zip Code <b>33467</b>			
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 <b>2/26/03</b>			
Signature, typed or printed name of registered agent and date if applicable.		(NOTE: Registered Agent's signature required when reinstating)			
FILE NOW. FEE IS \$81.25		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	PD MCCINTOCK, JOEL 6824 LAGO DEL SOL DR LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	TITLE	D RANDALL KNIGHT 5681 LAGO DEL SOL DR LAKE WORTH, FL, 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D STUDD, PAUL 6748 LAGO DEL SOL DR LAKE WORTH, FL, 33467	<input type="checkbox"/> Delete	TITLE	D BRITTA LIEWELLYN 5566 LAGO DEL SOL DR LAKE WORTH, FL, 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	SD HISCOLK, CLIVE 7361 NAUTICAL WAY LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD MEIERS, JOHN 6671 LAGO DEL SOL DR LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D WALLER, CRAIG 6792 LAGO DEL SOL DR LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <b>CLIVE HISCOCK 2/26/03 923-6142</b>		Daytime Phone #	

CR2EC037 (1/0/02)