

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N43633**

1. Entity Name  
**LAGO MAR COMMUNITY ASSOCIATION, INC.**



Principal Place of Business  
**13250 SW 135 AVE  
MIAMI, FL 33186 US**

Mailing Address  
**13250 SW 135 AVE  
MIAMI, FL 33186 US**



03122007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0270938**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SKRLD, INC  
201 ALHAMBRA CIRCLE  
SUITE 1102  
MIAMI, FL 33135-4**

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IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000694521  
04/17/07 00023 000 70.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	REICHBAUM, JAY
STREET ADDRESS	15831 S.W. 80 LANE
CITY-STATE-ZIP	MIAMI, FL 33193
TITLE	TD
NAME	IRIZARRY, FRANK
STREET ADDRESS	8031 SW 158 PLACE
CITY-STATE-ZIP	MIAMI, FL 33193
TITLE	SD
NAME	SMITH, MARCUS
STREET ADDRESS	15971 SW 82 ST
CITY-STATE-ZIP	MIAMI, FL 33193
TITLE	PD
NAME	BLAND, DIANE
STREET ADDRESS	16000 SW 72 TERR.
CITY-STATE-ZIP	MIAMI, FL 33193
TITLE	D
NAME	HERNANDEZ, CARLOS
STREET ADDRESS	7860 SOUTHWEST 161 PLACE
CITY-STATE-ZIP	MIAMI, FL 33193
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #