

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N92000000550

1. Entity Name
WEITZER LAGO MAR HOMES HOMEOWNERS
ASSOCIATION, INC.



FILED
08 JUL 11 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
COURTESY PROP MGMT
13250 SW 135 AVE
MIAMI, FL 33186

Mailing Address
COURTESY PROP MGMT
13250 SW 135 AVE
MIAMI, FL 33186



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

06192008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
65-0372861

Applied For
Not Applicable

City & State

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIEGFRIED, RIVERA, LERNER, DE LA TORRE
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134

Name Dale C. Glassford
Street Address (P.O. Box Number is Not Acceptable)
12928 SW 133 COURT #A
City miami FL Zip Code 33186

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 Dale C. Glassford
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE 7/8/08

Amended AR 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 STREET ADDRESS CITY-ST-ZIP	D DAVY, HYACINTH 7337 SW 158 PL MIAMI, FL 33193 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200133151122 07/18/08--01047--012 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CANAS, ROBERTO 15828 SW 74 LN MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CANAS, ROBERTO 15828 SW 74 LN MIAMI, FL 33193 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUHANEY, LAWRENCE 15767 SW 74 LN MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT DUHANEY, LAWRENCE 15767 SW 74 LANE MIAMI, FL 33193 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NEGRIN, FRANK 15770 SW 75 TERR MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER/SECRETARY NEGRIN, FRANK 15770 SW 75 TERR MIAMI, FL 33193 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/08 (305) 254-3888
Date Daytime Phone #

7/14/08