


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N93000002570 1. Entity Name LENNAR HOMES AT LAGO MAR HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 13250 SW 135 AVENUE MIAMI, FL 33186 US	Mailing Address 13250 SW 135 AVENUE MIAMI, FL 33186 US
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DO NOT WRITE IN THIS SPACE



03122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0437033	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SKLRD, INC
 201 ALHAMBRA CIR
 STE 1102
 CORAL GABLES, FL 33134

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000694515
 04/17/07-80023-005 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REICHBAUM, JAY 15831 SW 80 LANE MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RASKIN, ELLEN 8105 SW 158 PL MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T IRIZARRY, FRANK 8031 SW 158 PL MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VASQUEZ, MARIO 8064 SW 158 CT MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Jay Reichbaum* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____