


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

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000000371</b> 1. Entity Name LAGO MAR SOUTH HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 13250 S.W. 135 AVENUE MIAMI, FL 33186 US	Mailing Address 13250 S.W. 135 AVENUE MIAMI, FL 33186 US
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**DO NOT WRITE IN THIS SPACE**



03082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0487533	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

SKRLD, INC.  
201 ALHAMBRA CIRCLE  
SUITE 1102  
CORAL GABLES, FL 33134

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, MARCUS 15971 S.W. 82ND STREET MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LOPEZ, EDDY 16171 SW 85 ST MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FERRER-VALDES, ILEANA 15808 SW 85 STREET MIAMI, FL 33193
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000673229  
03/29/07-80020-024 70.00

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:**  **3-14-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #