

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000955
1. Corporation Name:
LAGO LARGO HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business: **12201 W. BROWARD BLVD PLANTATION, FL 33322**

Mailing Address:

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21
Suite, Apt. #, etc: 22
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address: 26
2588 S.W. 27TH AVE.
Suite, Apt. #, etc: 27
City & State: 28
MIAMI, FL
Zip: 29
33133 Country: 30
US

3. Date Incorporated or Qualified: **02/22/1996**

4. FFL Number: **65-0791507** Applied For: Not Applicable:

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

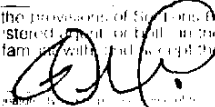
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent:
BARED, VICTOR
12201 W. BROWARD BLVD.
PLANTATION, FL 33322
US

10. Name and Address of New Registered Agent:
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0500 and 607.1500, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the provisions of Section 607.0505, Florida Statutes.

SIGNATURE:  DATE: **5/15/98**

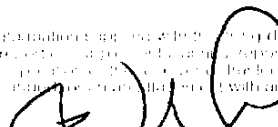
12. OFFICERS AND DIRECTORS:

TITLE	D	<input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARED, VICTOR		12. NAME	
STREET ADDRESS	12201 W. BROWARD BLVD.		13. STREET ADDRESS	
CITY-STATE-ZIP	PLANTATION, FL 33322		14. CITY-STATE-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARED, PATRICIA		22. NAME	
STREET ADDRESS	12201 W. BROWARD BLVD		23. STREET ADDRESS	
CITY-STATE-ZIP	PLANTATION, FL 33322		24. CITY-STATE-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARED, ORELIA		32. NAME	
STREET ADDRESS	12201 W. BROWARD BLVD.		33. STREET ADDRESS	
CITY-STATE-ZIP	PLANTATION, FL 33322		34. CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			42. NAME	
STREET ADDRESS			43. STREET ADDRESS	
CITY-STATE-ZIP			44. CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52. NAME	
STREET ADDRESS			53. STREET ADDRESS	
CITY-STATE-ZIP			54. CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62. NAME	
STREET ADDRESS			63. STREET ADDRESS	
CITY-STATE-ZIP			64. CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

700002549497
-06/05/98--01086--010
***150.00

14. I hereby certify that the information contained herein is true and correct and that I am a duly qualified officer or director of the corporation named herein. I further certify that the information indicated on this 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 named herein. For the purposes to complete this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as required with an address.

SIGNATURE:  DATE: **4/26/98** (305) **986-0895**

CR2E034 (10/97)