

**FILE NOW: FILING FEE IS \$61.25**

*AMENDED BY*

APPROVED  
AND  
FILED

98 NOV 16 PM 3:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 1. Corporation Name  
N9600000955

LAGO LARGO HOMEOWNERS' ASSOCIATION

Principal Place of Business Mailing Address

12201 NORTH BROWARD BOULEVARD  
PLANTATION, FLORIDA, 33325

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	30

3. Date Incorporated or Qualified  
02/22/96

4. FEI Number  
65-0791507

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

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

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

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City

10. Name and Address of New Registered Agent

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE 11-12-98

12. OFFICERS AND DIRECTORS

TITLE	D BARED, VICTOR	<input checked="" type="checkbox"/> DELETE
NAME	12201 N. BROWARD BLVD.	
STREET ADDRESS	PLANTATION, FL. 33322	
CITY-ST-ZIP		
TITLE	D BARED, PATRICIA	<input checked="" type="checkbox"/> DELETE
NAME	12201 N. BROWARD BLVD.	
STREET ADDRESS	PLANTATION, FL. 33322	
CITY-ST-ZIP		
TITLE	D BARED, ORELIA	<input checked="" type="checkbox"/> DELETE
NAME	12201 N. BROWARD BLVD.	
STREET ADDRESS	PLANTATION, FL. 33322	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME	700002691857--6	
STREET ADDRESS	-11/19/98--01083--020	
CITY-ST-ZIP	****61.25 ****02.25	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD JONES, GREGORY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	12278 N.W. FIRST STREET	
13 STREET ADDRESS	PLANTATION, FL. 33325	
14 CITY-ST-ZIP		
2.1 TITLE	VD SMART, EVA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	12369 N.W. FIRST STREET	
2.3 STREET ADDRESS	PLANTATION, FL. 33325	
2.4 CITY-ST-ZIP		
3.1 TITLE	TD MALONE, JILL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	12233 N.W. FIRST STREET	
3.3 STREET ADDRESS	PLANTATION, FL. 33325	
3.4 CITY-ST-ZIP		
4.1 TITLE	SD MEREDITH, DARLA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	12353 N.W. FIRST STREET	
4.3 STREET ADDRESS	PLANTATION, FL. 33325	
4.4 CITY-ST-ZIP		
5.1 TITLE	D WILLIAMS, MAUREEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	12273 N.W. FIRST STREET	
5.3 STREET ADDRESS	PLANTATION, FL. 33325	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE 7 5 98 954-476-9545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Jill Malone JILL MALONE TREASURER 9/3/98 305 593-1119

CRCE037 (10/97)