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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

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

Principal Place of Business Mailing Address
 12201 N. BROWARD BOULEVARD PLANTATION, FL. 33325
 12233 NW FIRST ST. PLANTATION, FL. 33325

21	2. Principal Place of Business 12201 W. BROWARD BLVD	2a. Mailing Address C/O JILL MALONE	3. Date Incorporated or Qualified 02/22/96
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0791507
23	City & State PLANTATION, FL. 33325	27. City & State PLANTATION, FL. 33325	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip 33325	29. Zip 33325	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. 3111 STERLING RD. FT. LAUDERDALE, FL. 33312		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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD JONES, GREGORY <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12278 NW FIRST STREET	1.2 NAME	
STREET ADDRESS	PLANTATION, FL. 33325	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD SMART EVA <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12369 NW FIRST STREET	2.2 NAME	
STREET ADDRESS	PLANTATION, FL. 33325	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD MALONE, JILL <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12233 NW FIRST STREET	3.2 NAME	
STREET ADDRESS	PLANTATION, FL. 33325	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD MEREDITH, DARLA <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12353 NW FIRST STREET	4.2 NAME	
STREET ADDRESS	PLANTATION, FL. 33325	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D WILLIAMS, MAUREEN <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12273 NW FIRST STREET	5.2 NAME	
STREET ADDRESS	PLANTATION, FL. 33325	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Gregory Jones* GREGORY JONES PRESIDENT
 17 FEB 99 954-476-9548
 Date Daytime Phone #

CR2E037 (11/98)