

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90098 007 ****61.25

DOCUMENT # N96000000955

1. Entity Name

LAGO LARGO HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~12201 W. BROWARD BLVD.~~
~~PLANTATION FL 33322~~
P.O. Box 551031
Ft. Lauderdale, FL 33355

~~C/O JILL MALONE~~
~~12233 NW FIRST ST.~~
~~PLANTATION FL 33325-2444~~
P.O. Box 55103
Ft. Lauderdale
33355



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 551031
 Suite, Apt. #, etc.

P.O. Box 551031
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Ft. Lauderdale, FL

Ft. Lauderdale, FL

65-0791507

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

33355

33355

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKER & POLIAKOFF
3111 STERLING ROAD
FT. LAUDERDALE FL 33312

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	JONES, GREGORY	
STREET ADDRESS	12278 N.W. FIRST STREET	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SMART, EVA	
STREET ADDRESS	12333 N.W. FIRST STREET	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MALONE, JEFF	
STREET ADDRESS	12233 N.W. FIRST STREET	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MEREDITH, DARLA	
STREET ADDRESS	12353 N.W. FIRST STREET	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, MAUREEN	
STREET ADDRESS	12273 N.W. FIRST STREET	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Joe Nelms VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joe Nelms	
STREET ADDRESS	12297 NW 1st	
CITY-ST-ZIP	Plantation, FL 33325	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Margaret Haennicke	
STREET ADDRESS	12241 NW 1st St	
CITY-ST-ZIP	Plantation FL 33325	
TITLE	emer Sori D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	emer Sori	
STREET ADDRESS	12201 NW 1st St	
CITY-ST-ZIP	Plantation, FL 33325	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Armando Rodriguez	
STREET ADDRESS	12240 NW 1st St.	
CITY-ST-ZIP	Plantation, FL 33325	

12. 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 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: SIGNATURE REQUIRED GREGORY T JONES 22 JAN 00 954-476-9545
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)