

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90061 022 ****61.25

DOCUMENT # N96000000955

1. Entity Name
LAGO LARGO HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
11606 N.W. 19 DRIVE
CORAL SPRINGS, FL 33071

Mailing Address
P.O. BOX 770866
CORAL SPRINGS, FL 33077



2. Principal Place of Business

3. Mailing Address

PO Box 770866

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Coral Springs, FL

Zip

Country

Zip

Country

33077 USA

01112004

Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0791507

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROCK, JANE
11606 N.W. 19TH DRIVE
CORAL SPRINGS, FL 33071

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME SMART, DERALD
STREET ADDRESS 12361 NW 1ST STREET
CITY-ST-ZIP PLANTATION, FL 33325

TITLE VD ☐ Delete
NAME NELMS, JOE
STREET ADDRESS 12297 NW 1ST
CITY-ST-ZIP PLANTATION, FL 33325

TITLE TD ☐ Delete
NAME MCLONE, MICHAEL
STREET ADDRESS 12232 NW 1ST STREET
CITY-ST-ZIP PLANTATION, FL 33325

TITLE SC ☐ Delete
NAME MEREDITH, BILL
STREET ADDRESS 12353 NW 1ST STREET
CITY-ST-ZIP PLANTATION, FL 33328

TITLE D ☐ Delete
NAME GCHESON, MARK
STREET ADDRESS 12345 NW 1ST STREET
CITY-ST-ZIP PLANTATION, FL 33325

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Jane Brock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-04

Date

Daytime Phone #