


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90013 027 \*\*\*\*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 770850 CORAL SPRINGS, FL 33077			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03142005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 65-0791507	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMART, DERALD		NAME		
STREET ADDRESS	12361 NW 1ST STREET		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33325		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELMS, JOE		NAME	Brian Auerbach	
STREET ADDRESS	12297 NW 1ST		STREET ADDRESS	12219 NW 1 Street	
CITY-ST-ZIP	PLANTATION, FL 33325		CITY-ST-ZIP	Plantation, FL 33325	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLONE, MICHAEL		NAME	MALONE (* correction)	
STREET ADDRESS	12232 NW 1ST STREET		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33325		CITY-ST-ZIP		
TITLE	SC	<input type="checkbox"/> Delete	TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEREDITH, BILL		NAME		
STREET ADDRESS	12353 NW 1ST STREET		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33328		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GCHESON, MARK		NAME	Deborah Rogers	
STREET ADDRESS	12345 NW 1ST STREET		STREET ADDRESS	12286 NW 1 Street	
CITY-ST-ZIP	PLANTATION, FL 33325		CITY-ST-ZIP	Plantation, FL 33325	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>[Signature]</i> TREASURER			Date: 03/16/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		