

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90208 036 \*\*\*\*61.25

<b>DOCUMENT # N96000000955</b>					
<b>1. Entity Name</b> LAGO LARGO HOMEOWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 11606 N.W. 19 DRIVE CORAL SPRINGS, FL 33071			<b>Mailing Address</b> P.O. BOX 770850 CORAL SPRINGS, FL 33077		
<b>2. Principal Place of Business</b> 10034 West McNab Road Suite, Apt. #, etc.		<b>3. Mailing Address</b> 10034 West McNab Road Suite, Apt. #, etc.			
<b>City &amp; State</b> Tamarac, FL 33321		<b>City &amp; State</b> Tamarac, FL 33321		02132006    Chg-NP    CR2E037 (11/05)	
<b>Zip</b> 33321 <b>Country</b>		<b>Zip</b> 33321 <b>Country</b>		<b>4. FEI Number</b> 65-0791507	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> BROCK, JANE 11606 N.W. 19TH DRIVE CORAL SPRINGS, FL 33071			<b>7. Name and Address of New Registered Agent</b> Name: Roger Carver c/o CCM Street Address (P.O. Box Number is Not Acceptable): 10034 West McNab Road City: Tamarac, FL 33321		
<b>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.</b>					
SIGNATURE: <i>Roger Carver</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: 4-25-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> SMART, DERALD 12361 NW 1ST STREET PLANTATION, FL 33325	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> KLETTHEIMER, JENNIFER 12369 NW 1 STREET PLANTATION, FL 33325	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> AUERBACH, BRIAN 12249 NW 1 STREET PLANTATION, FL 33325	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> WILLIAMS, MAUREEN 12273 NW 1 STREET PLANTATION, FL 33325	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> MALONE, MICHAEL 12232 NW 1ST STREET PLANTATION, FL 33325	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> MIZE, RAY 12281 NW 1 STREET PLANTATION, FL 33325	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> MEREDITH, BILL 12353 NW 1ST STREET PLANTATION, FL 33328	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> MEREDITH JR., WILLIAM J. 12353 NW 1 STREET PLANTATION, FL 33325	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SC</b> ROGERS, DEBORAH 12286 NW 1 STREET PLANTATION, FL 33325	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> KIGER, DEBORAH 12286 NW 1 STREET PLANTATION, FL 33325	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <i>Will F Meredith Pres</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 4/24/06    Daytime Phone #: 954-275-3633		