


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90062 017 \*\*\*\*61.25

**DOCUMENT # N96000000955**

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




Principal Place of Business  
**10034 WEST MCNAB ROAD  
 FORT LAUDERDALE, FL 33321**

Mailing Address  
**10034 WEST MCNAB ROAD  
 FORT LAUDERDALE, FL 33321**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



03282008 Chg-NP CR2E037 (12/06)

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**

**RANDALL K ROGER & ASSOCIATES PA  
 621 NW 53RD ST  
 BOCA RATON, FL 33487**

**7. Name and Address of New Registered Agent**

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, 2008**

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**

TITLE	S	<input type="checkbox"/> Delete
NAME	KLETTHEIMER, JENNIFER	
STREET ADDRESS	12769 NW 1 STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33325	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAMS, MAUREEN	
STREET ADDRESS	12273 NW 1 STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33325	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIZE, RAY	
STREET ADDRESS	12281 AW 1 STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33325	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILLIAM, MEREDITH J JR	
STREET ADDRESS	12353 NW 1 STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33325	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KIGER, DEBORAH	
STREET ADDRESS	12286 NW 1 STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33325	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

**SIGNATURE:** *Celia Muzitha Pres* **3-31-8** **954-452-8050**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #