

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

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000004791**

1. Entity Name  
**CONTINENTAL HOMES AT LAGO MAR HOMEOWNERS'  
ASSOCIATION, INC.**



Principal Place of Business  
**13250 SW 135 AVENUE  
MIAMI, FL 33186**

Mailing Address  
**13250 SW 135 AVENUE  
MIAMI, FL 33186**



03132008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0822970**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SKRLD, INC  
201 ALHAMBRA CIRCLE  
SUITE 1102  
MIAMI, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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

000000884184  
04/17/08-80033-022 70.00

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	PEREZ, EVA
STREET ADDRESS	7707 SW 164 COURT
CITY-ST-ZIP	MIAMI, FL 33193
TITLE	TD
NAME	ALVAREZ, GEORGE
STREET ADDRESS	16551 SW 75TH ST
CITY-ST-ZIP	MIAMI, FL 33193
TITLE	SD
NAME	ESPINOSA, ERNA
STREET ADDRESS	16406 SW 77 TERRACE
CITY-ST-ZIP	MIAMI, FL 33193
TITLE	PD
NAME	KARNIB, JAMES
STREET ADDRESS	16512 SW 75 ST.
CITY-ST-ZIP	MIAMI, FL 33193

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/08 (305) 898-9397