

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N97000005773 (3)
 1. Corporation Name
VILLA LAGO DEVELOPMENT, INC.



| | |
|--|---|
| Principal Place of Business C/O CENTRO CAMPESINO FARMWORKER CENTER INC 35901 SW 186 AVENUE FLORIDA CITY FL 33034 | Mailing Address PO BOX 343449 FLORIDA CITY FL 33034 |
|--|---|

3. Date Incorporated or Qualified
10/13/1997

| | |
|------------------------------------|--|
| 4. FEI Number 65-0801824 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|--|--|
| 21. Principal Place of Business Suite, Apt. #, etc. | 2a. Mailing Address Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip Country | 28. Zip Country |
| 24. Zip | 25. Country |
| 29. Zip | 30. Country |

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**WOLFE, LEON J
 C/O BERMAN WOLFE & RENNERT, P.A.
 100 SOUTHEAST SECOND ST SUITE 3500
 MIAMI FL 33131-2130**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City FL 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SEGOR, JOSEPH | 1.2 NAME | |
| STREET ADDRESS | 12815 SW 112 COURT | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33176 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JENSEN, ROBERT | 2.2 NAME | |
| STREET ADDRESS | 18640 SW 295 TERRACE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOMESTEAD FL 33030 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GARCIA, SANTIAGO | 3.2 NAME | |
| STREET ADDRESS | 20190 SW 288 STREET | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOMESTEAD FL 33030 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MANSTER, STEVEN | 4.2 NAME | |
| STREET ADDRESS | PO BOX 343449 N/A | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | FLORIDA CITY FL 33034 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOGLAR, NORBERTO | 5.2 NAME | |
| STREET ADDRESS | PO BOX 343449 N/A | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | FLORIDA CITY FL 33034 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TALCOTT, CHRISTINE | 6.2 NAME | |
| STREET ADDRESS | PO BOX 343449 N/A | 6.3 STREET ADDRESS | |
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Norberto Joglar* 3/6/98 (305) 245-7738

CR2E037 (10/97)