2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000006689

1. Entity Name
HOMEOWNERS ASSOCIATION OF LAGO MESA VILLAS, INC.

Principal Place of Business	Mailing Address
54 LAGO MESA WAY KISSIMMEE, FL 34743	54 LAGO MESA WAY KISSIMMEE, FL 34743

DO NOT WRITE IN THIS SPACE

06072004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3458253

☐ Applied For
☐ Not Applicable

6. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NOGUEIRAS, MAGALY F
7 LAGO MESA WAY
KISSIMMEE, FL 34743

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NOGUEIRAS, MAGALY F
STREET ADDRESS	7 LAGO MESA WAY
CITY-ST-ZIP	KISSIMMEE, FL 34743
TITLE	VTD
NAME	MORALES, ANGEL
STREET ADDRESS	25 LAGO MESA WAY
CITY-ST-ZIP	KISSIMMEE, FL 34743
TITLE	SD
NAME	RAMIREZ, MAGDALENA
STREET ADDRESS	53 LAGO MESA WAY
CITY-ST-ZIP	KISSIMMEE, FL 34743
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000162430
06/10/04-80004-010 61.25

DO NOT WRITE IN THIS SPACE

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maggie Nogueira