

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 19, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # N97000006689**

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



Principal Place of Business

**54 LAGO MESA WAY  
KISSIMMEE, FL 34743**

Mailing Address

**54 LAGO MESA WAY  
KISSIMMEE, FL 34743**



04072005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEL Number

**59-3458253**

Applied For

Not Applicable

5. 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

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, 2005**

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

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IN THIS SPACE**

000000315521  
04/19/05-80039-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Magaly F. Nogueiras*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-13-05**

Date

Daytime Phone #