


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 17, 2007 8:00 am**  
**Secretary of State**

08-17-2007 90031 007 \*\*\*\*66.25

<b>DOCUMENT # N97000006689</b> 1. Entity Name HOMEOWNERS ASSOCIATION OF LAGO MESA VILLAS, INC.	
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Principal Place of Business 54 LAGO MESA WAY KISSIMMEE, FL 34743	Mailing Address 54 LAGO MESA WAY KISSIMMEE, FL 34743
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**DO NOT WRITE IN THIS SPACE**

08012007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3477007	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	8/12/17
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOGUEIRAS, MAGALY F 7 LAGO MESA WAY KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MORALES, ANGEL 25 LAGO MESA WAY KISSIMMEE, FL 34743 <i>SIGFREDO PLAZA 23 LAGO MESA KISSI FL 34743</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAMIREZ, MAGDALENA 53 LAGO MESA WAY KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:** *Maggie Nogueira*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_