

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000854

FILED
Apr 21, 2009
Secretary of State

Entity Name: LAGO DEL SOLE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4040 SW 152 PLACE
MIAMI, FL 33185

New Principal Place of Business:

Current Mailing Address:

400 SW 107TH AVE
STE 312
MIAMI, FL 33174

New Mailing Address:

FEI Number: 65-0824668

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORES, ALEXIS
4040 SW 152 PL
MIAMI, FL 33185 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FLOREZ, ALEXIS
Address: 4040 SW 152 PLACE
City-St-Zip: MIAMI, FL 33185

Title: VP () Delete
Name: HERNANDEZ, GUSTAVO
Address: 15202 SW 40 TERRACE
City-St-Zip: MIAMI, FL 33185

Title: S () Delete
Name: PEREZ, AMADA
Address: 15245 SW 39 TERRACE
City-St-Zip: MIAMI, FL 33185

Title: T () Delete
Name: HOOVER, MARSHA
Address: 3846 SW 152 COURT
City-St-Zip: MIAMI, FL 33185

Title: D () Delete
Name: ALVAREZ, ROBERTO
Address: 15275 SW 37 TERRACE
City-St-Zip: MIAMI, FL 33185

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: FLOREZ, ALEXIS
Address: 4040 SW 152 PLACE
City-St-Zip: MIAMI, FL 33185

Title: VP/D (X) Change () Addition
Name: HERNANDEZ, GUSTAVO
Address: 15202 SW 40 TERRACE
City-St-Zip: MIAMI, FL 33185

Title: S/D (X) Change () Addition
Name: PEREZ, AMADA
Address: 15245 SW 39 TERRACE
City-St-Zip: MIAMI, FL 33185

Title: T/D (X) Change () Addition
Name: HOOVER, MARSHA
Address: 3846 SW 152 COURT
City-St-Zip: MIAMI, FL 33185

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXIS FLORES

P/D

04/21/2009

Electronic Signature of Signing Officer or Director

Date