

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **732637** (4)

1. Corporation Name  
**LAGUNA CLUB CONDOMINIUM, INC.**



Principal Place of Business Mailing Address  
**508 N.W. 107 AVE** **508 N.W. 107 AVE**  
**MIAMI FL 33172** **MIAMI FL 33172**

3. Date Incorporated or Qualified **05/01/1975** 3a. Date of Last Report **05/19/1995**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-1688761** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

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

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRESHMAN, JERALD A**  
**9130 S. DADELAND BLVD.**  
**SUITE #1701**  
**MIAMI FL 33156**

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  Change  Addition

TITLE **PD**  DELETE  
 NAME **CASTILLO, JAVIER**  
 STREET ADDRESS **508 N.W. 109TH AVE.**  
 CITY-ST-ZIP **MIAMI FL 33172**

1.1 TITLE  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP  Change  Addition

TITLE **D**  DELETE  
 NAME **SAEZ, JESSICA**  
 STREET ADDRESS **508 N.W. 109TH AVE.**  
 CITY-ST-ZIP **MIAMI FL 33172**

2.1 TITLE **D**  
 2.2 NAME  
 2.3 STREET ADDRESS **GARCIA, ADA**  
 2.4 CITY-ST-ZIP **508 NW 107 Ave**  
**Miami, FL. 33172**  Change  Addition

TITLE **TD**  DELETE  
 NAME **LEON, ROSA E**  
 STREET ADDRESS **508 N.W. 109TH AVE.**  
 CITY-ST-ZIP **MIAMI FL 33172**

3.1 TITLE **TD**  
 3.2 NAME  
 3.3 STREET ADDRESS **MESAS, JOSE**  
 3.4 CITY-ST-ZIP **508 NW 107 Ave.**  
**MIAMI, FL. 33172**  Change  Addition

TITLE **VPD**  DELETE  
 NAME **STILL, MILDRED B**  
 STREET ADDRESS **508 N.W. 109TH AVE.**  
 CITY-ST-ZIP **MIAMI FL 33172**

4.1 TITLE  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP  Change  Addition

TITLE **SD**  DELETE  
 NAME **WEAVER, JAMES L**  
 STREET ADDRESS **508 N.W. 109TH AVE.**  
 CITY-ST-ZIP **MIAMI FL 33172**

5.1 TITLE  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP  Change  Addition

TITLE **D**  DELETE  
 NAME **REGUERA, JOSE**  
 STREET ADDRESS **508 N.W. 109TH AVE.**  
 CITY-ST-ZIP **MIAMI FL 33172**

6.1 TITLE  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP  Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Javier Castillo* **JAVIER CASTILLO** 06/08/96 (305) 554-4312  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)