

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

FILED  
97 JUN 20 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 732637 (4)  
1. Corporation Name  
LAGUNA CLUB CONDOMINIUM, INC.



Principal Place of Business Mailing Address  
508 N.W. 107 AVE MIAMI FL 33172  
508 N.W. 107 AVE MIAMI FL 33172-3805

3. Date Incorporated or Qualified 05/01/1975  
3a. Date of Last Report 06/19/1996

2. Principal Place of Business 2a. Mailing Address  
21 23 24 25 26 27 28 29 30  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
305

4. FEI Number 59-1688761  
Applied For Not Applicable

23 City & State 28 City & State  
24 Zip 25 Country 29 Zip 30 Country  
Coral Gables, FL 33134 US

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

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

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

9. Name and Address of Current Registered Agent  
FRESHMAN, JERALD A  
9490 S. DADELAND BLVD.  
SUITE #1701  
MIAMI FL 33156

10. Name and Address of New Registered Agent  
81 Name SPM Group, Inc  
82 Street Address (P.O. Box Number is Not Acceptable) 2151 Lejeune Rd.  
83 Suite 305  
84 City Coral Gables FL 85 Zip Code 33134

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 *J. Mortham* DATE 4/28/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CASTILLO, JAVIER	
STREET ADDRESS	508 N.W. 109TH AVE.	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GARCIA, ADA	
STREET ADDRESS	508 NW 107 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MESAS, JOSE	
STREET ADDRESS	508 NW 107 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	STILL, MILDRED B	
STREET ADDRESS	508 N.W. 109TH AVE.	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WEAVER, JAMES L	
STREET ADDRESS	508 N.W. 109TH AVE.	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REGUERA, JOSE	
STREET ADDRESS	508 N.W. 109TH AVE.	
CITY-ST-ZIP	MIAMI FL 33172	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Castillo Javier	
1.3 STREET ADDRESS	508 NW 109 ave	
1.4 CITY-ST-ZIP	Miami, FL 33172	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Still, Mildred B	
2.3 STREET ADDRESS	508 NW 109 ave	
2.4 CITY-ST-ZIP	Miami, FL - 33172	
3.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Carballo, Robert	
3.3 STREET ADDRESS	508 NW 109 ave	
3.4 CITY-ST-ZIP	Miami, FL 33172	
4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Calzadilla, Felicia	
4.3 STREET ADDRESS	508 NW 109 ave	
4.4 CITY-ST-ZIP	Miami, FL 33172	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MESAS, JOSE	
5.3 STREET ADDRESS	508 NW 107 ave	
5.4 CITY-ST-ZIP	Miami, FL 33172	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Saenz, Jessica	
6.3 STREET ADDRESS	508 NW 109 ave	
6.4 CITY-ST-ZIP	Miami, FL 33172	

14. I do 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 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.

CR2E037 (9/96)

*FRESHMAN, JERALD A. 11 28 97 (20) MIAMI FL*