


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

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90117 029 \*\*\*\*61.25

**DOCUMENT # 732637**  
 Entity Name  
**LAGUNA CLUB CONDOMINIUM, INC.**



Principal Place of Business  
 508 N.W. 107 AVE  
 MIAMI, FL 33172

Mailing Address  
 275 FONTAINEBLEAU BLVD.  
 #200  
 MIAMI, FL 33172

**50026371**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01212005 Chg-NP CR2E037 (10/03)

4. FEI Number  
 59-1688761

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ALVAREZ, NESTOR ESQ.**  
 3971 S.W. 88TH STREET, #209  
 CORAL GABLES, FL 33134

7. Name and Address of Now Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2005**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROMERO, MAURICIO	
STREET ADDRESS	275 FONTAINEBLEAU BLVD., #200	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CASTANEDA, ESPERANZA	
STREET ADDRESS	275 FONTAINEBLEAU BLVD., #200	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHIRINO, JUDITH	
STREET ADDRESS	275 FONTAINEBLEAU BLVD., #200	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRENES, RAUL	
STREET ADDRESS	275 FONTAINEBLEAU BLVD., #200	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CALLEJAS, ZENELIA	
STREET ADDRESS	275 FONTAINEBLEAU BLVD., #200	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arturo Meyberg	
STREET ADDRESS	275 Fontainebleau Blvd #200	
CITY-ST-ZIP	Miami FL 33172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hector Chevres	
STREET ADDRESS	275 Fontainebleau Blvd #200	
CITY-ST-ZIP	Miami FL 33172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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:  **Mauricio Romero - President 01/21/05 (305) 220-3962**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #