


2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 732637

1. 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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
05 APR 28 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04152005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1688761	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALVAREZ, NESTOR ESQ. 3971 S.W. 88TH STREET, #209 CORAL GABLES, FL 33134	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.

500054694865
05/17/05--01080--024 **61.25

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROMERO, MAURICIO <input type="checkbox"/> Delete 275 FONTAINEBLEAU BLVD., #200 MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Raquel BAEDA 275 Fontainebleau Blvd. #200 Miami, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete MEYBERG, ARTURE 275 FONTAINEBLEAU BLVD., #200 MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD RAUL Brenes 275 Fontainebleau Blvd. #200 Miami, FL. 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete CHIRINO, JUDITH 275 FONTAINEBLEAU BLVD., #200 MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TD Mildred B. Still 275 Fontainebleau Blvd. #200 Miami, FL. 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BRENES, RAUL 275 FONTAINEBLEAU BLVD., #200 MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Monica VALLINA 275 Fontainebleau Blvd. #200 Miami, FL. 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete CHEVRES, HECTOR 275 FONTAINEBLEAU BLVD., #200 MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Hector Chevres (Hector Chevres) **04-15-05** **305)303-9228**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #