

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 734939 (2)
1. Corporation Name
LAGUNA CLUB EAST CONDOMINIUM, INC.



Principal Place of Business Mailing Address
320 N.W. 107TH AVENUE MIAMI FL 33172

3. Date Incorporated or Qualified **02/11/1976** 3a. Date of Last Report **06/20/1995**

| | | | | |
|----|--------------------------------|---------------------|---|---|
| 21 | 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 22 | Suite, Apt. #, etc. | Suite, Apt. #, etc. | 59-1647141 | Not Applicable |
| 23 | City & State | City & State | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24 | Zip | Zip | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 25 | Country | Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|--|------|--|--|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| M.A.C. MANAGEMENT, INC C/O MARIA A. CAMEJO 8511 NW 8 ST #111 MIAMI FL 33126 | | JUAN J. TEJERA 269 GIRALDA AVE. SUITE 303 CORAL GABLES, FL. 33134 | |
| 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: *Juan Tejera* DATE: **4-16-96**
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | VP SEUMAGA, ORLANDO 230 NW 107 AVE #206 MIAMI FL | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 1.2 NAME | |
| STREET ADDRESS | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | S GRUZ, LILIANA 230 NW 107 AVE #107 MIAMI FL | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | P/S PRICE, LUCY D 270 NW 107 AVE #204 MIAMI FL | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | T COCA, MARIA L 300 NW 107 AVE #204 MIAMI FL | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | VT ESCALLON, DANIEL 270 NW 107 AVE #203 MIAMI FL | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | D MATTA, JOAN M 230 NW 107 AVE #212 MIAMI FL | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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: *Lucy D. Price* DATE: **4/16/96** (805) 227-9819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Daytime Phone #

CR2E037 (12/95)