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Secretary of State

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NONPROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 755647

1. Corporation Name

LACOQUINA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

14401 GULF BLVD  
MADEIRA BEACH FL 33708

Mailing Address

C/O PAREKH. COMMONS & CO.  
2700 EAST BAY DR., #107  
LARGO FL 33771  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

12/22/1980

4. FEI Number

59-3255533

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HOLTZ, MAY  
14401 GULF BLVD #105  
MADIERA BEACH FL 33708

10. Name and Address of New Registered Agent

81 Name

GIL HERNANDEZ

82 Street Address (P.O. Box Number is Not Acceptable)

918 E BUSCH BLVD

83

84 City TAMPA

FL

85 Zip Code 33612

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

*Gil Hernandez*

Vice President and Treasurer

JAN 26 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME VD  
HERNANDEZ, GIL  
STREET ADDRESS 918 E BUSCH BLVD  
CITY-ST-ZIP TAMPA FL 33612

TITLE  DELETE

NAME SD  
PORATH, ELWOOD  
STREET ADDRESS 13100 VERONICA ST  
CITY-ST-ZIP SOUTHGATE MI 48195

TITLE  DELETE

NAME D  
HOLTZ, MAY  
STREET ADDRESS 14401 GULF BLVD #105  
CITY-ST-ZIP MADERIA BEACH FL 33708

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

1.1 TITLE  Change  Addition

1.2 NAME TVB

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

*Gil Hernandez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-99  
Date

813-933-3943  
Daytime Phone #

CR2E037 (1/198)