

**2000 UNIFORM BUSINESS REPORT (UBR)**

3/

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90108 026 \*\*\*\*61.25

**DOCUMENT # 755647**

1. Entity Name

**LACOQUINA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

14401 GULF BLVD  
 MADEIRA BEACH FL 33708

C/O PAREKH. COMMONS & CO.  
 2700 EAST BAY DR., #107  
 LARGO FL 33771-2459  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3255533**

Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERNANDEZ, GIL**  
**918 E. BUSCH BLVD**  
**TAMPA FL 33612**

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.

SIGNATURE

*[Handwritten Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

**2-25-2000**

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |                              |  |
|--|--|------------------------------|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DEPTD</b><br><b>HERNANDEZ, GIL</b><br><b>918 E BUSCH BLVD</b><br><b>TAMPA FL 33612</b>    | <i>Treasurer</i><br><b>D</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD</b><br><b>PORATH, ELWOOD</b><br><b>13100 VERONICA ST</b><br><b>SOUTHGATE MI 48195</b>  |                              | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>RUMBALL, BRIAN</b><br><b>31 AMBROSE R</b><br><b>WILLOWDALE ONT CN MA-K1S2</b> | <b>D</b>                     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |                              | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |                              | <input type="checkbox"/> Delete            |

|  |  |          |   |
|--|--|----------|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD</b><br><b>Armando Celeiro - Vice President</b><br><b>1517 Lions Club Drive</b><br><b>Brandon, FL 33511</b> | <b>D</b> | <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |          | <input type="checkbox"/> Change<br><input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |          | <input type="checkbox"/> Change<br><input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |          | <input type="checkbox"/> Change<br><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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-25-2000**

DATE

**813-933-3943**

Daytime Phone #

CFE037 (9/99)