3/1/01

2001 UNIFORM BUSINESS REPORT (UBR)

	MENT # 755647	O,	•				Mar Seci	19, ∠ etai	WO	t 8:00 f State
1. Entity Name LACOQUINA CONDOMINIUM ASSOCIATION, INC.						Secretary of State 03-01-2001 90031 004 ****61.25				
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 US				L MANNA (PROM. ANNO) ANNO ANNO ANNO ANNO ANNO ANNO ANN				
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State				4. FEI Number 59-3255533 Applied For Not Applicable				
Zip Country		Zîp	Zip Cou			5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current R	egistered Agent		l		7. Name and	Address of New Reg			
HERNAND 918 E. BU TAMPA FL	the purpose of changing its		Edward J. Park Street Address (P.O. Box Number is Not Acceptable) 10135 - 133rd Street City Seminole FL Zip Code 77						776	
SIGNATURE	Signature, typed or printed name of registered aport of FILE NOW: FEE IS \$61.25	9. Election Campaign	Financi		\$5.00	when reinstating) May Be to Fees		Check Payartment of		
10	OFFICERS AND DIE	ECTORS	1 77			DDITIONS (CL)	NICES TO CERCES	AND DIDE	TODO IN	10:
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR TD HERNANDEZ, GIL 918 E BUSCH BLVD TAMPA FL 33612	Delete		E	Pres Edward	sident/T ard J. P	ark rd Street		Change	CREG37 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUMBALL, BRIAN 31 AMBROSE R WILLOWDALE ONT CN MA-K1S2	Delete			Joe 260	e Presido Brocato 8 - 51st pa, FL	Street Nor] Change	⊠ Addition
NAME STREET ADDRESS CITY-ST-ZIP	VD CELEIRO, ARMANDO 1517 LIONS CLUB DRIVE BRANDON FL 33511	Delete			Joh 108	retary n T. Ste Morton		D	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				,			Change	Addition
EITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete				· · · ·		Ē] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						E] Change	Addition
indicated of the cor	certify that the information supplied with ton this report or supplemental report is reporation or the receiver or trustee empt, or on an attachment with an address, to the control of th	true and accurate and that r wered to execute this report	ny signa as requ P	ature shall I uired by Cha Cost d A	have the s apter 617	same legal effec , Florida Statute	it as if made under oa	th; that I am appears in E	an officer	or director