

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90008 030 ****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
 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

PARK, EDWARD J
10135- 133 RD ST
SEMINOLE FL 33776

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

Edward J. Park
 Edward J. Park

4-19-2002

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

(NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	PARK, EDWARD J	
STREET ADDRESS	10135- 133 STREET	
CITY-ST-ZIP	SEMINOLE FL 33766	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BROCATO, JOE	
STREET ADDRESS	2608 51ST NORTH	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	DS	<input type="checkbox"/> Delete
NAME	STEFANOWICZ, JOHN T.	
STREET ADDRESS	108 MORTON DR.	
CITY-ST-ZIP	MANAHAWKIN NJ 08050	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Park, Edward J.	
STREET ADDRESS	10135- 133rd Street	
CITY-ST-ZIP	Seminole, FL 33776	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP3	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stefanowicz, John T.	
STREET ADDRESS	108 Morton Drive	
CITY-ST-ZIP	Manahawkin, NJ 08050	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Edward J. Park
 Edward J. Park

4-19-2002

727-596-4997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)