


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 15, 2003 8:00 am
Secretary of State

02-27-2003 90120 045 ****61.25

DOCUMENT # 755647

1. Entity 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
Suite, Apt. #, etc.

3. Mailing Address
**300 S. Duncan Ave
Suite 220B**

City & State
Clearwater FL

Zip Country
33755 USA



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**PARK, EDWARD J
10135- 133 RD ST
SEMINOLE FL 33778**

4. FEI Number **59-3255533** Applied For Not Applicable

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

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer + Secretary DTS Edward J. Park 10135 133rd Street Seminole, FL 33776	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President P/D Joe Brocato 5021 East Columbus Drive TAMPA, FL 33619	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President - D CLAUDIA HUBER 3210 GULF BLVD #107 BELLEAIR BEACH, FL 33716	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <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: **Edward J. Park** Date: **2-22-2003** Daytime Phone #: **727-596-4997**

CR2E037 (10/02)