

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000002144 (4)**

1. Corporation Name

**LAGUNA SPRINGS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

6262 BIRD ROAD  
SUITE 3I  
MIAMI FL 33131

6262 BIRD ROAD  
SUITE 3I  
MIAMI FL 33131

3. Date Incorporated or Qualified  
**05/11/1993**

3a. Date of Last Report  
**04/05/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

4. FEI Number  
**65-0492633**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZULUETA, IGNACIO G  
6262 BIRD ROAD SUITE 3I  
MIAMI FL 33155

81 Name

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

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LLANO, CESAR	
STREET ADDRESS	6262 BIRD RD., SUITE 3I	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NEUMANN, DIRK	
STREET ADDRESS	6262 BIRD RD., SUITE 3I	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	LABRADOR, YANIK	
STREET ADDRESS	6262 BIRD RD., SUITE 3I	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ZULUETA, IGNACIO G	
STREET ADDRESS	6262 BIRD ROAD, SUITE 3I	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	President <i>(Dirchv)</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Anthony Nicolleta	
1.3 STREET ADDRESS	6262 Bird Road, Suite 3i	
1.4 CITY-ST-ZIP	Miami, FL 33155	
2.1 TITLE	Vice President <i>(Dirchv)</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert Funk	
2.3 STREET ADDRESS	6262 Bird Road, Suite 3i	
2.4 CITY-ST-ZIP	Miami, FL 33155	
3.1 TITLE	Secretary <i>(Dirchv)</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dan Rosenblatt	
3.3 STREET ADDRESS	6262 Bird Road, Suite 3i	
3.4 CITY-ST-ZIP	Miami, FL 33155	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	200001789442	
5.3 STREET ADDRESS	-04/22/96--01089--037	
5.4 CITY-ST-ZIP	***61.25	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Don Rosenblatt*

*3-20-96*

Date

*346-5213*

Daytime Phone #

CR2E037 (12/95)