


FILE NOW: FILING FEE IS \$61.25

FILED  
May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000002144 (4)**  
1. Corporation Name  
**LAGUNA SPRINGS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>6262 BIRD ROAD SUITE 3I MIAMI FL 33131</b>	Mailing Address <b>6262 BIRD ROAD SUITE 3I MIAMI FL 33155-4882</b>
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3. Date Incorporated or Qualified <b>05/11/1993</b>	3a. Date of Last Report <b>04/22/1996</b>
4. FEI Number <b>65-0492633</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29
25	30

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NICOLLETA, ANTHONY	
STREET ADDRESS	6262 BIRD RD., SUITE 3I	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	FUNK, ROBERT	
STREET ADDRESS	6262 BIRD RD., SUITE 3I	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	ROSENBLATT, DAN	
STREET ADDRESS	6262 BIRD RD., SUITE 3I	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	ST	<input checked="" 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		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KOVIN, JOEL	
1.3 STREET ADDRESS	6262 BIRD ROAD, SUITE 3I	
1.4 CITY-ST-ZIP	MIAMI, FL 33155	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ZULUETA, IGNACIO G.	
2.3 STREET ADDRESS	6262 BIRD ROAD, SUITE 3I	
2.4 CITY-ST-ZIP	MIAMI, FL 33155	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ORRIOLS, ALINA J.	
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		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Alina J. Orriols* REALINA J. ORRIOLS 4/29/97 (305) 662-2800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0031061

CP2E037 (9/96)