

FILE NOW: FILING FEE IS \$61.25

FILED

**May 08 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 Mailing Address

~~6202 BIRD ROAD SUITE 31 MIAMI FL 33131~~
~~6202 BIRD ROAD SUITE 31 MIAMI FL 33131~~

3. Date Incorporated or Qualified
05/11/1993

4. FEI Number
65-0492633

Applied For	Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 11107 NW 34 PL	26 11107 NW 34 PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Coral Springs, FL	28 Coral Springs, FL
Zip	Country
24 33065	25 USA
29 33065	30 USA

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZULUETA, IGNACIO G
~~6202 BIRD ROAD SUITE 31 MIAMI FL 33131~~

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	6255 Bird Road
83	
84 City	Miami FL 85 Zip Code 33155

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KOVN, JOEL	
STREET ADDRESS	6202 BIRD RD., SUITE 31 MIAMI FL	
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ZULUETA, IGNACIO G	
STREET ADDRESS	6202 BIRD RD., SUITE 31 MIAMI FL	
CITY-ST-ZIP		
TITLE	FR	<input checked="" type="checkbox"/> DELETE
NAME	ORRIGLO, ALINA J	
STREET ADDRESS	6202 BIRD RD., SUITE 31 MIAMI FL	
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		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	11107 NW 34 Place
1.4 CITY-ST-ZIP	Coral Springs, FL 33065
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	11107 NW 34 Place
2.4 CITY-ST-ZIP	Coral Springs, FL 33065
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Balats, Miguel F.
3.3 STREET ADDRESS	11107 NW 34 Place
3.4 CITY-ST-ZIP	Coral Springs, FL 33065
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)