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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000002144

1. Corporation Name
LAGUNA SPRINGS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
 11107 NW 34TH PLACE
 CORAL SPRINGS FL 33065
 US

Mailing Address
 11107 NW 34TH PLACE
 CORAL SPRINGS FL 33065
 US



21	2. Principal Place of Business 2852 University Dr.	2a. Mailing Address 2852 University Dr.	3. Date Incorporated or Qualified 05/11/1993
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0492633
23	City & State Coral Springs, FL	City & State Coral Springs, FL	Applied For Not Applicable
24	Zip 33065	Zip 33065	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
25	Country Broward	Country Broward	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
26	Country Broward	Country Broward	Trust Fund Contribution

9. Name and Address of Current Registered Agent ZULUETA, IGNACIO G 6255 BIRD RD. MIAMI FL 33155		10. Name and Address of New Registered Agent 81 Name Gillespie + Allison, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 1515 S. Federal Highway 83 Suite 300 84 City Boca Raton FL 85 Zip Code 33432	
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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]* DATE: 2-24-99
 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	NAME KOVIN, JOEL	1.1 TITLE	1.2 NAME
STREET ADDRESS 11107 NW 34TH PLACE	CITY-ST-ZIP CORAL SPRINGS FL 33065	1.3 STREET ADDRESS 2852 University Drive	1.4 CITY-ST-ZIP Coral Springs, FL 33065
TITLE SD	NAME ZULUETA, IGNACIO G	2.1 TITLE President "D"	2.2 NAME Susannah martz
STREET ADDRESS 11107 NW 34TH PLACE	CITY-ST-ZIP CORAL SPRINGS FL 33065	2.3 STREET ADDRESS 2852 University Dr.	2.4 CITY-ST-ZIP Coral Springs, FL 33065
TITLE T	NAME BALAIS, MIGUEL F.	3.1 TITLE President "D"	3.2 NAME David Levine
STREET ADDRESS 11107 NW 34TH PLACE	CITY-ST-ZIP CORAL SPRINGS FL 33065	3.3 STREET ADDRESS 2852 University Drive	3.4 CITY-ST-ZIP Coral Springs, FL 33065
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE Vice President "D"	4.2 NAME Steven M. Wallerstein
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS 2852 University Drive	4.4 CITY-ST-ZIP Coral Springs, FL 33065
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	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)(l), 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED: Susannah M. Martz 2/23/99 954.755.1775
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)