

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002144

LAGUNA SPRINGS HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90047 032 \*\*\*\*61.25

Principal Place of Business 2852 UNIVERSITY DR CORAL SPRINGS FL 33065 US	Mailing Address 2852 UNIVERSITY DR CORAL SPRINGS FL 33065 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business P.O. Box 9342 Suite, Apt. #, etc.	3. Mailing Address 9342 P.O. Box 9342 Suite, Apt. #, etc.
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City & State CORAL SPRINGS, FL	City & State CORAL SPRINGS, FL
Zip 33075	Country BROWARD

4. FEI Number 65-0492633	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~GILLESPIE, ALLISON P.A.  
1515 S. FEDERAL HWY STE 300  
BOCA RATON FL 33432~~

7. Name and Address of New Registered Agent

Name: CARLA DE YORVAL  
 Street Address (P.O. Box Number is Not Acceptable): 1107 N.W. 34th PLACE  
 City: CORAL SPRINGS FL Zip Code: 33065

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.

SIGNATURE: CARLA DE YORVAL, PRESIDENT *Carla DeYorval, Pres. 4-23-01*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		
TITLE D	MARTZ, SUSANNAH 2852 UNIVERSITY DR CORAL SPRINGS FL 33065	<input checked="" type="checkbox"/> Delete
TITLE D	LEVINE, DAVID 2852 UNIVERSITY DR CORAL SPRINGS FL 33065	<input checked="" type="checkbox"/> Delete
TITLE D	WALLERSTEIN, STEVEN M 2852 UNIVERSITY DR CORAL SPRINGS FL 33065	<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	President CARLA DeYorval 1107 N.W. 34th Pl. CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. President GRACE CARRINGTON 10874 N.W. 34th Ct. CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Wanda C. Simon 11272 N.W. 34th Ct. CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MURRAY ZIRMAN 3462 N.W. 110th TERRACE CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer DR. C. JACOBS 11049 N.W. 34th Ct CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer PATRICIA BRIDGERS 3434 N.W. 112th Ave CORAL SPRINGS, FL 33065	<input checked="" 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 all other like empowered.

SIGNATURE: *Carla DeYorval, President* 4 April, 2001 (954) 296-2671  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

Laguna Springs Hq. A.  
P.O. Box 9342  
Coral Springs, Fl. 33075

FEI Number  
65-0492433

ADDITIONAL OFFICERS:

DAVID RERTER D  
3472 N.W. 112<sup>th</sup> WAY  
CORAL SPRINGS, FL. 33075

Attachment  
#193000002144

[REDACTED]

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