

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90118 031 ****61.25

DOCUMENT # N9300002144
1. Entity Name
LAGUNA SPRINGS HOMEOWNERS ASSOCIATION INC.

DO NOT WRITE IN THIS SPACE

830920

2. Principal Place of Business
C/O: FLORIDA COMMUNITY MANAGEMENT SVCS., INC.
3. Mailing Address C/O: FLA. COMMUNITY MANAGEMENT SERVICES INC.

Suite, Apt. #, etc.
P.O. BOX 9139
Suite, Apt. #, etc.
P.O. BOX 9139

DO NOT WRITE IN THIS SPACE

City & State
CORAL SPRINGS FL
City & State
CORAL SPRINGS FL

4. FEI Number
65-0492633
Applied For
Not Applicable

Zip
33075
Country
USA
Zip
33075
Country
USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
FLORIDA COMMUNITY MANAGEMENT INC.
Street Address (P.O. Box Number is Not Acceptable)
12162 NW 23 MANOR
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 TED BROWN/AGENT



3/26/02

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

FEES TO BE PAID
Initial or Renewal UBR

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

Amount Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD GRACE CARRINGTON 10874 NW 34 CT CORAL SPRINGS FL 33065</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VD PATTY BRIDGERS 3434 NW 112 WAY CORAL SPRINGS FL 33065</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SD WANDA SIMON 11272 NW 34 CT. CORAL SPRINGS FL 33065</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TD SCOTT NICOT 3412 NW 110 WAY CORAL SPRINGS FL 33065</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D KAREN RIOS 111031 NW 34 MANOR CORAL SPRINGS FL 33065</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D JASON HOWARD 11117 NW 34 CT. CORAL SPRINGS FL 33065</u>

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Grace Carrington / President

X326-02 X954 260-1257
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)