

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT


FILED

04 NOV -1 AM 9: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002144

1. Entity Name
LAGUNA SPRINGS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**C/O FLORIDA COMMUNITY MGT SVCS, INC
P.O. BOX 9139
CORAL SPRINGS, FL 33075 US**

Mailing Address
**C/O FLORIDA COMMUNITY MGT SVCS, INC
P.O. BOX 9139
CORAL SPRINGS, FL 33075 US**



10262004 REIN-NP CR2E059 (6/04)

2. Principal Place of Business
**C/O Brock Prop. Mgmt
P.O. Box 770850**

3. Mailing Address
11200 NW 190th

Suite, Apt. #, etc.

City & State
Coral Springs FL

City & State
Coral Springs, FL

Zip
33077

Country
USA

4. FEI Number
65-0492633

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**FLORIDA COMMUNITY MGT, INC
12162 NW 23 MANOR
CORAL SPRINGS, FL 33065**

7. Name and Address of New Registered Agent
Name **Randall K. Roger + Associates, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
**621 NW 53 Street
Suite 300**
City **Boca Raton** FL Zip Code **33487**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Jane M Brock**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2005, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARRINGTON, GRACE 10874 NW 34 CT CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRIDGES, PATTY 3434 NW 112 WAY CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIMON, WANDA L 11272 NW 34TH CT CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NICOT, SCOTT 3412 NW 110 WAY CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIOS, KAREN 111031 NW 34 MANOR CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWALD, JASON 11117 NW 34 CT CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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DR 145

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(f), 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 an address, with all other like empowered.

SIGNATURE: **Jason Howald**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #