

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002144

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: LAGUNA SPRINGS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O BROCK PROP. MGMT.  
P.O. BOX 7708530  
CORAL SPRINGS, FL 33077 US

**New Principal Place of Business:**

C/O BROCK PROP. MGMT.  
11606 NW 19 DRIVE  
CORAL SPRINGS, FL 33071 US

**Current Mailing Address:**

11606 NW 19 DR  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

FEI Number: 65-0492633      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RANDALL K. ROGER & ASSOCIATES, P.A.  
621 NW 53 STREET  
SUITE 300  
BOCA RATON, FL 33487 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CARRINGTON, GRACE  
Address: 10874 NW 34 CT  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP ( ) Delete  
Name: NICOT, SCOTT  
Address: 3412 NW 110 WAY  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: S ( ) Delete  
Name: LAZAN, GARY  
Address: 11117 NW 34 CT  
City-St-Zip: CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRACE CARRINGTON

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date