


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90168 015 ****61.25

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

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
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 an address, with all other like empowered.

SIGNATURE: *[Signature]*

CR2E037 (10/02)