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Feb 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthagen  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000002477 (7)

1. Corporation Name

LAGUNA ROYALE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2375 TAMiami TRAIL NORTH, STE. 208  
NAPLES FL 33940

2375 TAMiami TRAIL NORTH, STE. 208  
NAPLES FL 34103-4439

3. Date Incorporated or Qualified

05/13/1994

3a. Date of Last Report

01/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 3838 TAMiami TR. N., #410  
City & State

27 3838 TAMiami TR. N., #410  
City & State

23 NAPLES, FL

28 NAPLES, FL

24 Zip

25 Country

29 Zip

30 Country

34103

USA

34103

USA

4. FEI Number

65-0504780

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHEFFY, JANE Y  
2375 TAMiami TRAIL NORTH, STE. 207  
NAPLES FL 33940

81 Name

J. THOMAS CONROY III

82 Street Address (P.O. Box Number is Not Acceptable)

415-6th AVENUE SO.

83

SUITE 101

84 City

NAPLES

FL

85 Zip Code

33940

11. Pursuant to the provisions of Sections 617.0502 and 617.1308 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  DELETE  
NAME KESSOUS, MICHAEL  
STREET ADDRESS 2375 TAMiami TRAIL NORTH, STE. 208  
CITY-ST-ZIP NAPLES FL 33940

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS 3838 TAMiami TR. N., #410  
1.4 CITY-ST-ZIP NAPLES, FL 34103

TITLE D  DELETE  
NAME STEVENS, PATRICIA  
STREET ADDRESS 2375 TAMiami TR N STE 208  
CITY-ST-ZIP NAPLES FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS 3838 TAMiami TR. N., #410  
2.4 CITY-ST-ZIP NAPLES, FL 34103

TITLE D  DELETE  
NAME BOWERSOCH, SHIRLEY  
STREET ADDRESS 2375 TAMiami TRAIL NORTH, STE. 208  
CITY-ST-ZIP NAPLES FL 33940

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS JOHN THOMAS  
526 LAGUNA ROYALE BLVD., #304  
3.4 CITY-ST-ZIP NAPLES, FL 33999

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

1-23-97

941-649-1230

Date

Daytime Phone # 0089393

CR2E037 (9/96)