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0062884

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000002477

1. Corporation Name

LAGUNA ROYALE CONDOMINIUM ASSOCIATION, INC.

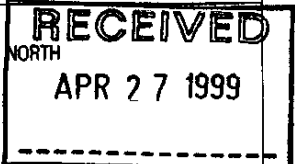


Principal Place of Business

3838 TAMiami TRAIL N.  
#410  
NAPLES FL 34103  
US

Mailing Address

3838 TAMiami TRAIL NORTH  
#410  
NAPLES FL 34103  
US



2. Principal Place of Business

21 ~~3838 TAMiami TRAIL N.~~  
Suite, Apt. #, etc. ~~#410~~  
22 ~~NAPLES, FL~~ #152  
City & State  
23 ~~3410~~  
Zip Country ~~USA~~

2a. Mailing Address

26 ~~3838 TAMiami TRAIL NORTH~~  
Suite, Apt. #, etc. ~~#410~~  
27 ~~11983 TAMiami TRAIL NORTH~~  
City & State  
28 ~~NAPLES, FL~~  
Zip Country ~~USA~~

3. Date Incorporated or Qualified  
05/13/1994

4. FEI Number  
65-0504780 Applied For  
Not Applicable

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

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

9. Name and Address of Current Registered Agent

CONROY, THOMAS J. I  
3838 TAMiami TR N  
SUITE 101  
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name ~~Kim Cooper~~  
82 Street Address (P.O. Box Number is Not Acceptable) ~~3838 TAMiami TR N~~  
83 ~~11983 TAMiami TR NORTH~~  
84 City ~~Naples~~ FL 85 Zip Code ~~34103~~ 34119

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 ~~Kim Cooper~~ DATE 4/26/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KESSOUS, MICHAEL	
STREET ADDRESS	3838 TAMiami TRAIL N., #410	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STEVENS, PATRICIA	
STREET ADDRESS	3838 TAMiami TRAIL N., #410	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, JOHN	
STREET ADDRESS	526 LAGUNA ROYAKE BKVD., #304	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE	Quade, Mike PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	586 Laguna Royale Blvd # 804	
1.3 STREET ADDRESS	Naples FL 34119	
1.4 CITY-ST-ZIP		
2.1 TITLE	Mass, Bob VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	538 Laguna Royale Blvd # 403	
2.3 STREET ADDRESS	Naples FL 34119	
2.4 CITY-ST-ZIP		
3.1 TITLE	Rosenthal, FRANK TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	598 Laguna Royale Blvd # 904	
3.3 STREET ADDRESS	Naples FL 34119	
3.4 CITY-ST-ZIP		
4.1 TITLE	Munyan, Ralph TSP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	562 Laguna Royale Blvd # 604	
4.3 STREET ADDRESS	Naples FL 34119	
4.4 CITY-ST-ZIP		
5.1 TITLE	ORlove, Will D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	574 Laguna Royale Blvd # 703	
5.3 STREET ADDRESS	Naples FL 34119	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: ~~John M. ...~~ DATE: 4-26-99  
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E037 (1/98)