


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90188 012 ****61.25

DOCUMENT # N94000002477

1. Entity Name
LAGUNA ROYALE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
C/O RESORT MANAGEMENT
2685 HORSESHOE DR SOUTH #215
NAPLES, FL 34104 US

Mailing Address
C/O RESORT MANAGEMENT
2685 HORESHOE DR SOUTH #215
NAPLES, FL 34104 US

60035915



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04012008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
65-0504780

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORLOVE, WILL
574 LAGUNA ROYAL BLVD #703
NAPLES, FL 34119

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **MARLORTE, WALTER**
 STREET ADDRESS **538 LAGUNA ROYALE BLVD #401**
 CITY-ST-ZIP **NAPLES, FL 34119**

TITLE **VP** Change Addition
 NAME **marlorte, walter**
 STREET ADDRESS **538 Laguna Royale Blvd. #401**
 CITY-ST-ZIP **Naples, FL 34119**

TITLE **SD** Delete
 NAME **ROSENTHAL, FRANK**
 STREET ADDRESS **598 LAGUNA ROYALE BLVD. # 903**
 CITY-ST-ZIP **NAPLES, FL 34119**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SLANE, JOSEPH**
 STREET ADDRESS **526 LAGUNA ROYALE BLVD. # 302**
 CITY-ST-ZIP **NAPLES, FL 34119**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **ORLOVE, WILL**
 STREET ADDRESS **574 LAGUNA ROYALE BLVD. # 703**
 CITY-ST-ZIP **NAPLES, FL 34119**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **KATZAN, PHILIP**
 STREET ADDRESS **526 LAGUNA ROYALE BLVD #301**
 CITY-ST-ZIP **NAPLES, FL 34119**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **ROBERT VALENTINE**
 STREET ADDRESS **562 LAGUNA ROYALE BL. #63**
 CITY-ST-ZIP **NAPLES, FL 34119**

TITLE **DIRECTOR** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *William Orlove Pres.* Date: **4/9/08** Daytime Phone #: **235 352 5433**

William Orlove