

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90036 028 \*\*\*\*70.00

**DOCUMENT # N99000005986**

1. Entity Name

**LAGUNA ISLE COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**3300 UNIVERSITY DRIVE  
 CORAL SPRINGS FL 33431**

**3300 UNIVERSITY DRIVE  
 CORAL SPRINGS FL 33065-6309**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

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

**JOHN T. KINSEY, P.A.  
 2300 CORPORATE BOULEVARD  
 SUITE 112  
 BOCA RATON FL 33431**

Name **NEIL EISNER**  
 Street Address (P.O. Box Number is Not Acceptable) **3300 University Dr**  
 City **Coral Springs** FL Zip Code **33065**

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.

SIGNATURE Neil Eisner v.p.

**3-10-00**

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

(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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
 NAME **EISNER, NEIL**  
 STREET ADDRESS **C/O 3300 UNIVERSITY DRIVE FIRST FLOOR**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33431**

TITLE **PD**  Change  Addition  
 NAME **TOM PAGNOTTA**  
 STREET ADDRESS **C/O 3300 UNIVERSITY DRIVE**  
 CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE **SD**  Delete  
 NAME **DIFIORE, CORA**  
 STREET ADDRESS **C/O 3300 UNIVERSITY DRIVE FIRST FLOOR**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33431**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **ANDREACCI, DANIEL**  
 STREET ADDRESS **C/O 3300 UNIVERSITY DRIVE FIRST FLOOR**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33431**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  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: Grant H. [Signature]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/10/00**  
 Date

Daytime Phone #