


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90160 038 ****61.25

DOCUMENT # N99000005986
 1. Entity Name
LAGUNA ISLE COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**301 WEST CAMINO GARDENS BLVD.
 #200
 BOCA RATON, FL 33432**

Mailing Address
**301 WEST CAMINO GARDENS BLVD.
 #200
 BOCA RATON, FL 33432**

50024513



2. Principal Place of Business
 Suite, Apt. #, etc.
**40 Gables Property Management / 40 Gables Property Management
 3300 Corporate Ave.**

3. Mailing Address
 Suite, Apt. #, etc.
**40 Gables Property Management
 3300 Corporate Ave, #110**

01252005 Chg-NP CR2E037 (10/03)

City & State
Weston FL

City & State
Weston, FL

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

Zip Country
33331 Broward

Zip Country
33331 Broward

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

6. Name and Address of Current Registered Agent
**GLEN, ANDREW
 301 W CAMINO GARDENS BLVD.
 #200
 BOCA RATON, FL 33432**

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

Filing Fee is \$61.25 Due by May 1, 2005

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	GRAUPERA, ANA	301 W CAMINO GARDEN BLVD., #100	BOCA RATON, FL 33432	<input type="checkbox"/>
TD	SOFFIAN, MARK	301 WEST CAMINO GARDENS BLVD., #200	BOCA RATON, FL 33432	<input type="checkbox"/>
SD	KOLEHMA, NEZRIE	301 WEST CAMINO GARDENS BLVD., #200	BOCA RATON, FL 33432	<input checked="" type="checkbox"/>
VPD	LABRADOR, EDDWARD	301 W CAMINO GARDENS BLVD. #200	BOCA RATON, FL 33432	<input type="checkbox"/>
D	LEVINE, MEL	301 W CAMINO GARDENS BLVD., #200	BOCA RATON, FL 33432	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	GRAUPERA, ANA	3300 Corporate Ave, #110	Weston FL 33331	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	SOFFIAN, MARK	3300 Corporate Ave, #110	Weston, FL 33331	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	STEWART, CHRIS	3300 Corporate Ave, #110	Weston FL 33331	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VPD	LABRADOR, EDWARD	3300 Corporate Ave, #110	Weston FL 33331	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	STOLFI, LESLIE	3300 Corporate Ave, #110	Weston FL 33331	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-7-05** Daytime Phone #