


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.
3300 Corporate Ave.

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

7. Name and Address of New Registered Agent

**GLEN, ANDREW
 301 W CAMINO GARDENS BLVD.
 #200
 BOCA RATON, FL 33432**

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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: _____ **3-7-05**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #