


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Aug 31, 2007 8:00 am
Secretary of State

08-13-2007 90019 045 ****61.25

DOCUMENT # N99000005986			
1. Entity Name LAGUNA ISLE COMMUNITY ASSOCIATION, INC.			
Principal Place of Business 1495 N PARK DR WESTON, FL 33326		Mailing Address 1495 N PARK DR WESTON, FL 33326	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BAKALAR & EICHNER, P.A. WESTSIDE CORPORATE CENTER 150 S PINE ISLAND RD STE 540 PLANTATION, FL 33324		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
<p>Filing Fee is \$61.25 Due by September 14, 2007</p>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<p>\$5.00 May Be Added to Fees</p> <p>Make check payable to Florida Department of State</p>
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<i>SE Secy</i>	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABRADOR, EDWARD	NAME	
STREET ADDRESS	1495 N PARK DR	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326	CITY-ST-ZIP	
TITLE	<i>President</i>	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOLFI, LESLIE	NAME	
STREET ADDRESS	1495 N PARK DR	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326	CITY-ST-ZIP	
TITLE	<i>VP</i>	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPOS, EDUARDO	NAME	
STREET ADDRESS	1495 N PARK DR	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<i>Secretary Director</i>
STREET ADDRESS		STREET ADDRESS	<i>1495 N PARK DR</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>WESTON FL 33326</i>
TITLE		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<i>Director VP</i>
STREET ADDRESS		STREET ADDRESS	<i>1495 N PARK DR</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>WESTON FL</i>
TITLE		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<i>Treasurer</i>
STREET ADDRESS		STREET ADDRESS	<i>FRANCISCO SANTIAGO</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>1495 N. Park Drive</i>
			<i>WESTON, FL 33326</i>
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: <i>[Signature]</i>		Date _____ Daytime Phone # _____	

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