


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90125 005 \*\*\*\*61.25

DOCUMENT # N99000005986					
1. Entity Name LAGUNA ISLE COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 1495 N PARK DR WESTIN, FL 33326		Mailing Address 1495 N PARK DR WESTIN, 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		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, PA. 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 reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	S	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LABRADOR, EDWARD		NAME	Al Lozano	
STREET ADDRESS	1495 N PARK DR		STREET ADDRESS	1495 N. Park Dr	
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP	Weston FL 33326	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input 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	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input 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	D	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERELLO, CLARRE		NAME	Claire <del>PERELLO</del> CHEADLE	
STREET ADDRESS	1495 N PARK DR		STREET ADDRESS	6649 SW 192ND AVE	
CITY-ST-ZIP	WESTON, FL 33336		CITY-ST-ZIP	PEMBROKE PINES, FL 33332	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPOS, EDWARD		NAME		
STREET ADDRESS	1495 N PARK DR		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33336		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTIAGO, FRANCISO		NAME		
STREET ADDRESS	1495 N PARK DR		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33336		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: <i>Claire A Cheadle</i>		TREASURER CLAIRE A CHEADLE		Date: 4/18/08 954-557-9891	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

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