

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005986

FILED
Apr 07, 2009
Secretary of State

Entity Name: LAGUNA ISLE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

1495 N PARK DR
WESTIN, FL 33326

New Principal Place of Business:

C/O CENTURY MANAGEMENT SERVICES, INC.
1495 N. PARK DRIVE
WESTON, FL 33326

Current Mailing Address:

1495 N PARK DR
WESTIN, FL 33326

New Mailing Address:

C/O CENTURY MANAGEMENT SERVICES, INC.
1495 N. PARK DRIVE
WESTON, FL 33326

FEI Number: 65-1080699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKALAR & EICHNER, PA.
WESTSIDE CORPORATE CENTER
150 S PINE ISLAND RD STE 540
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

BAKALAR & EICHNER, PA.
150 S PINE ISLAND RD.
STE 540
PLANTATION, FL 33324 US

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: SUSAN BAKALAR

04/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: LABRADOR, EDWARD
Address: 1495 N PARK DR
City-St-Zip: WESTON, FL 33326

Title: P () Delete
Name: STOLFI, LESLIE
Address: 1495 N PARK DR
City-St-Zip: WESTON, FL 33326

Title: T () Delete
Name: CHEADLE, CLAIRE
Address: 6649 SW 192ND AVE
City-St-Zip: PEMBROKE PINES, FL 33332

Title: VP () Delete
Name: CAMPOS, EDWARD
Address: 1495 N PARK DR
City-St-Zip: WESTON, FL 33336

Title: T () Delete
Name: SANTIAGO, FRANCISO
Address: 1495 N PARK DR
City-St-Zip: WESTON, FL 33336

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: CHEADLE, CLAIRE
Address: 1495 N PARK DR
City-St-Zip: WESTON, FL 33326

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LOZANO, AL
Address: 1495 N PARK DR
City-St-Zip: WESTON, FL 33336

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE M. STOLFI

PRES

04/07/2009

Electronic Signature of Signing Officer or Director

Date