

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005986

FILED
Apr 21, 2011
Secretary of State

Entity Name: LAGUNA ISLE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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.
150 S PINE ISLAND RD.
STE 540
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: V
Name: LABRADOR, EDWARD
Address: 1495 N PARK DR
City-St-Zip: WESTON, FL 33326

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

Title: D
Name: CHEADLE, CLAIRE
Address: 1495 N PARK DR
City-St-Zip: WESTON, FL 33326

Title: T
Name: DELAO, FIDEL
Address: 1495 N PARK DR
City-St-Zip: WESTON, FL 33336

Title: S
Name: LOZANO, AL
Address: 1495 N PARK DR
City-St-Zip: WESTON, FL 33336

I hereby 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 all other like empowered.

SIGNATURE: LESLIE STOLFI

P

04/21/2011

Electronic Signature of Signing Officer or Director

Date