

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90047 029 ****61.25

DOCUMENT # 741324

1. Entity Name
LA PLACIDA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**2085 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071 US**

Mailing Address
**P.O. BOX 9519
CORAL SPRINGS, FL 33075 US**

00014022



2. Principal Place of Business

**SOUTHEAST CONDO MGMT.
2855 N. UNIVERSITY DR. STE 310
CORAL SPRINGS, FL 33065**

3. Mailing Address

Suite, Apt. #, etc.

City & State

01082005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2128996

Applied For
Not Applicable

Zip Country **US**

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

**CHIARENZA, JOHN B
2085 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071**

7. Name and Address of New Registered Agent

Name **Chiarenza, John B.**
St **SOUTHEAST CONDO MGMT.**
2855 N. UNIVERSITY DR. STE 310
City **CORAL SPRINGS, FL 33065**
FL Zip Code

9. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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

TITLE **DV** ☐ Delete
NAME **GARCIA, LUIS EDUARDO**
STREET ADDRESS **1384 VICTORIA ISLE DR.**
CITY-ST-ZIP **WESTON, FL 33327**

TITLE **DS** ☐ Delete
NAME **RESTREPO, FERNAN**
STREET ADDRESS **1365 VICTORIA ISLE DR.**
CITY-ST-ZIP **WESTON, FL 33327**

TITLE **PD** ☒ Delete
NAME **MCCALUM, ERIC**
STREET ADDRESS **10559 N.W. LAPLACIDA DR.**
CITY-ST-ZIP **CORAL SPRINGS, FL**

TITLE **D** ☐ Delete
NAME **BONADUCE-STAAB, ELIZABETH**
STREET ADDRESS **4177 STAGHORN LANE**
CITY-ST-ZIP **WESTON, FL 33331**

TITLE **D** ☐ Delete
NAME **STAAB, MATTHEW T**
STREET ADDRESS **4177 STAGHORN LANE**
CITY-ST-ZIP **WESTON, FL 33331**

TITLE **D** ☐ Delete
NAME **LAY, COREY**
STREET ADDRESS **10675 N. LA PLACIDE DR.**
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **mohrland, Jamie**
STREET ADDRESS **La Placida Dr.**
CITY-ST-ZIP **Coral Springs, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-5-05