

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED
Mar 12, 2018
Secretary of State
CC4864615087**

Entity Name: LAGUNA ROYALE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR SOUTH #215
NAPLES, FL 34104

Current Mailing Address:

C/O RESORT MANAGEMENT
2685 HORESHOE DR SOUTH #215
NAPLES, FL 34104 US

FEI Number: 65-0504780

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RESORT MANAGEMENT
C/O RESORT MANAGEMENT
2685 HORESHOE DR SOUTH #215
NAPLES, FL 34104 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: ROBERT ROSENOW

03/12/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name WALTER, MARLOWE
Address C/O RESORT MANAGEMENT
2685 HORESHOE DR SOUTH #215
City-State-Zip: NAPLES FL 34104

Title P
Name ORLOVE, WILLIAM
Address C/O RESORT MANAGEMENT
2685 HORESHOE DR SOUTH #215
City-State-Zip: NAPLES FL 34104

Title SECRETARY
Name VALENTINE, ROBERT
Address C/O RESORT MANAGEMENT
2685 HORESHOE DR SOUTH #215
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name DRAEGER, DAVID
Address C/O RESORT MANAGEMENT
2685 HORESHOE DR SOUTH #215
City-State-Zip: NAPLES FL 34104

Title TREASURER
Name COOLEY, RONALD
Address C/O RESORT MANAGEMENT
2685 HORESHOE DR SOUTH #215
City-State-Zip: NAPLES FL 34104

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: WILLIAM ORLOVE

PRESIDENT

03/12/2018

Electronic Signature of Signing Officer/Director Detail

Date