2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002477

Entity Name: LAGUNA ROYALE CONDOMINIUM ASSOCIATION, INC.

FILED Mar 20, 2024 **Secretary of State** 9878831390CC

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 HORSESHOE 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 03/20/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT, SECRETARY Title **TREASURER**

Name DRAEGER, DAVID Name COOLEY, RONALD

C/O RESORT MANAGEMENT Address Address C/O RESORT MANAGEMENT 2685 HORESHOE DR SOUTH #215 2685 HORESHOE DR SOUTH #215

City-State-Zip: NAPLES FL 34104 City-State-Zip: NAPLES FL 34104

Title VΡ Title **DIRECTOR**

Name RUBIN, ARNOLD Name PETROSKEY, LOU ANN

Address C/O RESORT MANAGEMENT Address C/O RESORT MANAGEMENT

2685 HORSESHOE DR SOUTH #215 2685 HORSESHOE DR SOUTH #215

City-State-Zip: NAPLES FL 34104 City-State-Zip: NAPLES FL 34104

Title DIRECTOR

DELIGNY, RONALD F Name

Address C/O RESORT MANAGEMENT

2685 HORSESHOE 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.

03/20/2024 SIGNATURE: RONALD COOLEY TREASURER