

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N99000005986

**Entity Name:** LAGUNA ISLE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O POINTE MANAGEMENT GROUP, INC.  
3600 S. CONGRESS AVE. SUITE C  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

C/O POINTE MANAGEMENT GROUP, INC.  
3600 S. CONGRESS AVE. SUITE C  
BOYNTON BEACH, FL 33426 US

**FEI Number: 65-1080699**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BAKALAR & ASSOCIATES, PA.  
12472 WEST ATLANTIC BLVD  
CORAL SPRINGS, FL 33071 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MOTA-MCGARVEY, DIANA  
Address        C/O POINTE MANAGEMENT GROUP,  
                  INC.  
                  3600 S. CONGRESS AVE. SUITE C  
City-State-Zip: BOYNTON BEACH FL 33426

Title            VP  
Name            GARCIA, LOURDES  
Address        C/O POINTE MANAGEMENT GROUP,  
                  INC.  
                  3600 S. CONGRESS AVE. SUITE C  
City-State-Zip: BOYNTON BEACH FL 33426

Title            TREASURER  
Name            BARBA, OLGA  
Address        C/O POINTE MANAGEMENT GROUP,  
                  INC.  
                  3600 S. CONGRESS AVE. SUITE C  
City-State-Zip: BOYNTON BEACH FL 33426

Title            SECRETARY  
Name            VOUGHT, KATRINA  
Address        C/O POINTE MANAGEMENT GROUP,  
                  INC.  
                  3600 S. CONGRESS AVE. SUITE C  
City-State-Zip: BOYNTON BEACH FL 33426

*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: DIANA MOTA-MCGARVEY**

**PRESIDENT**

**08/18/2023**

Electronic Signature of Signing Officer/Director Detail

Date