

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005986

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

**Current Principal Place of Business:**

1495 NORTH PARK DRIVE  
WESTON, FL 33326

**Current Mailing Address:**

1495 NORTH PARK DRIVE  
WESTON, FL 33326

**FEI Number: 65-1080699**

**Certificate of Status Desired: No**

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

BAKALAR & ASSOCIATES, PA.  
150 S PINE ISLAND RD.  
STE 540  
PLANTATION, FL 33324 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           DIRECTOR  
Name           LABRADOR, EDWARD  
Address        1495 N PARK DR  
City-State-Zip: WESTON FL 33326

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

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

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

Title           S  
Name           LOZANO, AL  
Address        1495 N PARK DR  
City-State-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**

**PRESIDENT**

**03/26/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date