

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005986

**Entity Name:** LAGUNA ISLE COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**1079 SHOTGUN RD  
SUNRISE, FL 33326**Current Mailing Address:**1079 SHOTGUN RD  
SUNRISE, FL 33326 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	P	Title	SECRETARY, TREASURER
Name	STOLFI, LESLIE	Name	CHEADLE, CLAIRE
Address	1079 SHOTGUN RD	Address	1079 SHOTGUN RD
City-State-Zip:	SUNRISE FL 33326	City-State-Zip:	SUNRISE FL 33326
Title	VP	Title	DIRECTOR
Name	DELAO, FIDEL	Name	LOZANO, AL
Address	1079 SHOTGUN RD	Address	1079 SHOTGUN RD
City-State-Zip:	SUNRISE FL 33326	City-State-Zip:	SUNRISE FL 33326
Title	DIRECTOR		
Name	BAUER, MICHAEL		
Address	1079 SHOTGUN RD		
City-State-Zip:	SUNRISE FL 33326		

*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****01/30/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date