


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90181 034 \*\*\*\*61.25

**DOCUMENT # 737593**

1. Entity Name  
**MARALAGO CAY HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**% DONNA GROSSO-P**      **% DONNA GROSSO-P**  
**4162 2ND CT**      **4162 2ND CT**  
**LANTANA, FL 33462 US**      **LANTANA, FL 33462 US**

**60022341**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

01312006    Chg-NP      CR2E037 (11/05)

City & State      City & State

4. FEI Number  
**59-2667502**      Applied For  
 Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

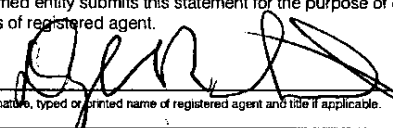
**6. Name and Address of Current Registered Agent**

**GROSSO, DONNA**  
**4162 2ND CT**  
**LANTANA, FL 33462**

**7. Name and Address of New Registered Agent**

Name **DOUGLAS SMITH**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4139 2<sup>ND</sup> COURT**  
 City **LANTANA**      FL      Zip Code **33462**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE       DATE **3-4-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)      DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ERWOOD, CHARLOTTE 6134 N. JOSHUA LANE LANTANA, FL 33462	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORRIS, TONI 4120 2ND CT. LANTANA, FL 33462	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEENAN, MARION 4200 8 CT. LANTANA, FL 33462	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, DOUGLAS 4139 2ND CT LANTANA, FL 33462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMIANO, CHARLES 6300 DOGWOOD LANE LANTANA, FL 33462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, PAUL 4361 FIRST CT LANTANA, FL 33462	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT - P</b> DOUGLAS SMITH 4139 2 <sup>ND</sup> COURT LANTANA, FL 33461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JP</b> PAUL TURNER 4361 1 <sup>ST</sup> COURT LANTANA, FL 33461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY - S</b> GORDON LINT 6305 BIRCH LN LANTANA, FL 33461	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER - T</b> KAREN BARONE 6115 N IRONWOOD LN LANTANA FL 33461	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEMBER - D</b> VINCENT FULLONE 6194 N ASH LN LANTANA, FL 33461	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEMBER - D</b> JIM MOYER 4235 1 <sup>ST</sup> COURT LANTANA, FL 33461	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all of the like empowered.

SIGNATURE:       Date **3-4-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #