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FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738798 (8)
1. Corporation Name
LAGUNA CLUB WEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: 305 NW 109TH AVE, MIAMI FL 33172, US
Mailing Address: C/O LS MANAGEMENT GROUP, INC, 1918 HARRISON ST., #208, HOLLYWOOD FL 33020-5086



3. Date Incorporated or Qualified: 05/02/1977
3a. Date of Last Report: 09/16/1996
4. FEI Number: 59-1505701
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: JUAN A. LEWIN/LS MANAGEMENT GROUP, 1918 HARRISON ST, STE. 208, HOLLYWOOD FL 33020
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MILIAN, ROLANDO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	231 NW 109TH AVE., #C210	1.2 NAME	
STREET ADDRESS	MIAMI FL 33172	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD GALLEGO, REINALDO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	231 NW 109TH AVE., #C105	2.2 NAME	
STREET ADDRESS	MIAMI FL 33172	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD QUIJANO, GIL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	245 NW 109TH AVE., #D107	3.2 NAME	
STREET ADDRESS	MIAMI FL 33172	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D PERNA, LUIS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	231 NW 109TH AV #C102	4.2 NAME	
STREET ADDRESS	MIAMI FL 33172	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SD DIAZ, GISELA	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	231 N.W. 109TH AVE. #C108	5.2 NAME	
STREET ADDRESS	MIAMI FL 33172	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D TORRES, EXPECTACION	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	315 NW 109 AVE.,	6.2 NAME	
STREET ADDRESS	MIAMI FL 33172	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rolando E. Milian* 2/19/97 (954) 927-1747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0021204

CR2E037 (9/96)