

D NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 IT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 26 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address

305 NW 109TH AVE  
 MIAMI FL 33172  
 US

C/O LS MANAGEMENT GROUP, INC  
 1918 HARRISON ST., #208  
 HOLLYWOOD FL 33020

3. Date Incorporated or Qualified  
**05/02/1977**

4. FEI Number  
**59-1505701**

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

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

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 **275 Fontainebleau Blvd.** 26 **275 Fontainebleau Blvd.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **140** 27 **140**  
 City & State City & State

23 **Miami, FL** 28 **Miami, FL**  
 Zip Country Zip Country

24 **33172** 25 **USA** 29 **33172** 30 **USA**

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 **Digue, Sylvia**

82 Street Address (P.O. Box Number is Not Acceptable)  
**40 Excel Management**

83 **275 Fontainebleau Blvd # 140**

84 City **Miami** 85 Zip Code **FL 33172**

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 *Sylvia Digue, as agent for the Corporation* DATE **8/17/98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MILIAN, ROLANDO	
STREET ADDRESS	231 NW 109TH AVE., #C210	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GALLEGO, REINALDO	
STREET ADDRESS	231 NW 109TH AVE., #C105	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	QUIJANO, GIL	
STREET ADDRESS	245 NW 109TH AVE., #D107	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PERNA, LUIS	
STREET ADDRESS	231 NW 109TH AV #C102	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DIAZ, GISELA	
STREET ADDRESS	231 N.W. 109TH AVE. #C106	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TORRES, EXPECTACION	
STREET ADDRESS	315 NW 109 AVE.,	
CITY-ST-ZIP	MIAMI FL 33172	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Quijano, Gil	
1.3 STREET ADDRESS	245 NW 109th Ave #107	
1.4 CITY-ST-ZIP	Miami, FL 33172	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Treasurer/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Delgado, Gladys	
3.3 STREET ADDRESS	301 NW 109th Ave #106	
3.4 CITY-ST-ZIP	Miami, FL 33172	
4.1 TITLE	Secretary/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PERNA, LUIS	
4.3 STREET ADDRESS	231 NW 109th Ave. #102	
4.4 CITY-ST-ZIP	MIAMI, FL 33172	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: *Gil Quijano* DATE: **7/20/98** PHONE: **305-207-2343**

CR2E037 (5/98)