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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 738798

1. Corporation Name

LAGUNA CLUB WEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

275 FONTAINEBLEAU BLVD #140 MIAMI FL 33172 US

Mailing Address

275 FONTAINEBLEAU BLVD #140 MIAMI FL 33172 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

3. Date Incorporated or Qualified

05/02/1977

4. FEI Number

59-1505701

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PIQUE, SYLVIA
 C/O EXCEL MANAGEMENT
 275 FONTAINEBLEAU BLVD #140
 MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input checked="" type="checkbox"/> DELETE	1.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO, GLADYS	1.2 NAME	Parrales, Marvin
STREET ADDRESS	301 NW 109TH AVE #106	1.3 STREET ADDRESS	301 NW 109th Avenue #108
CITY-ST-ZIP	MIAMI FL 33172	1.4 CITY-ST-ZIP	Miami, FL 33172
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLEGO, REINALDO	2.2 NAME	Simeone, Sonia
STREET ADDRESS	231 NW 109TH AVE., #C105	2.3 STREET ADDRESS	231 NW 109th Avenue #103
CITY-ST-ZIP	MIAMI FL 33172	2.4 CITY-ST-ZIP	Miami, FL 33172
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIJANO, GIL	3.2 NAME	
STREET ADDRESS	245 NW 109TH AVE., #D107	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERNA, LUIS	4.2 NAME	Candelaria, Maria del Carmen
STREET ADDRESS	231 NW 109TH AV #C102	4.3 STREET ADDRESS	301 NW 109th Avenue #104
CITY-ST-ZIP	MIAMI FL 33172	4.4 CITY-ST-ZIP	Miami, FL 33172
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, EXPECTACION	5.2 NAME	
STREET ADDRESS	315 NW 109 AVE.,	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2/18/99 Gil E. Quijano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)