

2001 UNIFORM BUSINESS REPORT (UBR)

03-13-2002 90031 049 ***297.50

738798.D

SECRETARY OF STATE
DIVISION OF CORPORATION

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DOCUMENT # 738798

1. Entity Name
LAGUNA CLUB WEST CONDOMINIUM ASSOCIATION, INC.

02 MAR 21 AM 11:25

Principal Place of Business Mailing Address
275 FONTAINEBLEAU BLVD 275 FONTAINEBLEAU BLVD
#140 #140
MIAMI FL 33172 MIAMI FL 33172
US US

80040202



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. **J & M Condo Management**
City & State Suite, Apt. # & Maintenance, Inc.
City & State 275 Fontainebleau Blvd., Suite 200
Miami, FL 33172

DO NOT WRITE IN THIS SPACE
01-02

Zip Country Zip Country

4. FEI Number Applied For
59-1505701 Not Applicable

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

6. Name and Address of Current Registered Agent
PIQUE, SYLVIA
C/O EXCEL MANAGEMENT
375 FONTAINEBLEAU BLVD #140
MIAMI FL 33172

7. Name and Address of New Registered Agent
Name **J & M Condo Management**
Street Address (P.O. Box & Maintenance, Inc. acceptable)
275 Fontainebleau Blvd., Suite 200
Miami, FL 33172
City **FL** Zip Code

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.

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

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PARRALES, MARVIN	
STREET ADDRESS	301 NW 19TH AVE., STE. 108	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CANDELARIA, MARIA	
STREET ADDRESS	231 NW 109TH AVE., STE. 103	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TORRES, EPECTACION	
STREET ADDRESS	315 N.W. 109TH AVE., STE 215	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANA MULLER	
STREET ADDRESS	275 Fontainebleau Blvd. #200	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANUEL FUEYO	
STREET ADDRESS	275 Fontainebleau Blvd. #200	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	A. ZUCENA BONZALEZ	
STREET ADDRESS	275 Fontainebleau Blvd. #200	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	V/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIA ACOSTA	
STREET ADDRESS	275 Fontainebleau Blvd #200	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 other like empowered.

SIGNATURE: *Sylvia Pique*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 11/18/01
Daytime Phone #

CR2E037 (9/01)