


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90058 020 ****70.00

DOCUMENT # 738798

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



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

Mailing Address
 C/O J & M CONDO MANAGEMENT
 275 FONTAINEBLEAU BLVD, SUITE 200
 MIAMI, FL 33172



2. Principal Place of Business
 7990 SW 117 AVENUE
 Suite, Apt. #, etc.
 135

3. Mailing Address
 7990 SW 117 AVENUE
 Suite, Apt. #, etc.
 135

01092004 Chg-NP CR2E037 (10/03)

City & State
 Miami, Florida

City & State
 Miami, Florida

Zip
 33183

Country
 USA

Zip
 33183

Country
 USA

4. FEI Number
 59-1505701

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 J & M CONDO MANAGEMENT & MAINTENANCE INC.
 275 FONTAINEBLEAU BLVD
 SUITE 200
 MIAMI, FL 33172

7. Name and Address of New Registered Agent
 Name: *CONFIN HOME REALTY, INC.*
 Street Address (P.O. Box Number is Not Acceptable): *7990 SW 117 AVENUE #135*
 City: *MIAMI* FL *33183*

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: *JOSE RODRIGUEZ / President* DATE: *1/13/04*

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

Filing Fee is \$61.25 Due by May 1, 2004

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	DP MULLER, ANA 275 FONTAINEBLEAU BLVD, #200 MIAMI, FL 33172	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FUEYO, MANUEL 275 FONTAINEBLEAU BLVD, #200 MIAMI, FL 33172	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GONZALEZ, AZUCENA 275 FONTAINEBLEAU BLVD, #200 MIAMI, FL 33172	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ACOSTA, MARIA 295 FOUNTAINEBLEAU BLVD #200 MIAMI, FL 33192	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUIZ, VALERIANO 275 FOUNTAINEBLEAU BLVD #200 MIAMI, FL 33172	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, JOSE 275 FOUNTAINEBLEAU BLVD #200 MIAMI, FL 33192	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GODINEZ, REYNALDO 7990 SW 117 AVE. #135 MIAMI, FL. 33183	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ACOSTA, MARIA 7990 SW 117 AVE #135 MIAMI, FL. 33183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Maria Acosta / Maria Acosta* Date: *1-13-04* Daytime Phone #: *305 485 9693*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR