


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90254 023 ****61.25

DOCUMENT # 738798			
1. Entity Name LAGUNA CLUB WEST CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 7990 SW 117 AVE 135 MIAMI, FL 33172 US		Mailing Address 7990 SW 117 AVE 135 MIAMI, FL 33172 US	
2. Principal Place of Business 11890 SW 8 Street Suite, Apt. #, etc. Suite 401 City & State Miami, Fl		3. Mailing Address P.O. Box 440067 Suite, Apt. #, etc.	
Zip 33184		Country USA	
6. Name and Address of Current Registered Agent CONFIN HOME REALTY, INC. 7990 SW 117 AVE #135 MIAMI, FL 33172		7. Name and Address of New Registered Agent Name Frank Perez Siam Street Address (P.O. Box Number is Not Acceptable) 7001 SW 87 Ct City Miami FL Zip Code 33173	
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 <u>Frank Perez</u> DATE <u>04/20/05</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GODINEZ, REYNALDO 7990 SW 117 AVE, #135 MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D GODINEZ, Reynaldo 7001 SW 87 CT Miami, Fl. 33173. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ACOSTA, MARIA 7990 SW 117 AVE, #135 MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ACOSTA, Maria 7001 SW 87 CT Miami, Fl. 33173 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, JOSE 275 FOUNTAINBLEAU BLVD #200 MIAMI, FL 33192 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/D BOTERO, Nelly 7001 SW 87 Ct Miami, Fl. 33173 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/D RODRIGUEZ, Victor 7001 SW 87 CT Miami, Fl. 33173 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/D LOPEZ, Pedro 7001 SW 87 Ct Miami, Fl. 33173 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <u>Maria Acosta</u>		Date <u>4-20-05</u> Daytime Phone # <u>305 553 9731</u>	

