

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED


06 DEC -6 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JSK

DOCUMENT # 738798

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



Principal Place of Business
~~400 SW 107th Ave, Suite 312
Miami, FL 33174~~

Mailing Address
P.O. BOX 65-2205
~~MIAMI, FL 33265-3205~~

2. Principal Place of Business
245 N.W. 109th Avenue


3. Mailing Address
400 S.W. 107th Ave.
Suite, Apt. #, etc.
Suite # 312

City & State
Miami, FL 33172

City & State
Miami, FL

Zip
33172

Country
USA



11152006 Chg-NP CR2E037 (4/06)

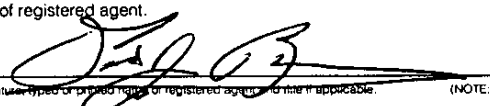
4. FEI Number
59-1505701

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

6. Name and Address of Current Registered Agent
~~SKR...
201 ALHAMBRA CIRCLE
SUITE 1102
MIAMI, FL 33124~~

7. Name and Address of New Registered Agent
Name
VICTOR RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable)
4416 S.W. 64 Court
City
Miami FL Zip Code
33155

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  DATE 12/4/2006

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

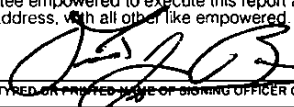
Amended AR is \$61.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P <input type="checkbox"/> Delete	NAME RODRIGUEZ, VICTOR	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4416 SW 64 COURT	CITY-ST-ZIP MIAMI, FL 33155	STREET ADDRESS 100082328931	CITY-ST-ZIP 12/06/06--01059--013 **\$61.25
TITLE VP <input type="checkbox"/> Delete	NAME MURILLO, EDUARDO	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 245 NW 109 AVE., #216	CITY-ST-ZIP MIAMI, FL 33172	STREET ADDRESS S/D RUTH COOLIDGE	CITY-ST-ZIP 315 N.W. 109th Ave. # 202 Miami, FL 33172
TITLE D <input checked="" type="checkbox"/> Delete	NAME MANALICH, DORA	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 315 NW 109 AVE., #108	CITY-ST-ZIP MIAMI, FL 33172	STREET ADDRESS 315 N.W. 109th Ave. # 202	CITY-ST-ZIP Miami, FL 33172
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE 12/4/2006 DAYTIME PHONE # (305) 220-5684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR