


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90059 019 \*\*\*\*61.25

**DOCUMENT # 738798**

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



Principal Place of Business  
**245 NW 109TH AVENUE  
 MIAMI, FL 33172 US**

Mailing Address  
**400 SW 107TH AVENUE  
 SUITE 312  
 MIAMI, FL 33174 US**

2. Principal Place of Business - No P.O. Box #  
**245 NW 109th Avenue**

3. Mailing Address  
**400 SW 107th Avenue**

Suite, Apt. #, etc.  
 Suite, Apt. #, etc.  
**Suite # 312**

City & State  
**Miami, FL 33172**

City & State  
**Miami, FL**


Zip  
**33172**

Country  
**USA**

Zip  
**33174**

Country  
**USA**

**40029550**



02272007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

~~XXXXXXXXXXXX~~  
~~RODRIGUEZ, VICTOR~~  
~~4416 SW 64 COURT~~  
~~MIAMI, FL 33155~~

7. Name and Address of New Registered Agent

Name **RUTH COOLIDGE**

Street Address (P.O. Box Number is Not Acceptable)  
**315 NW 109th Avenue**

**# 202**

City **Miami** **FL** Zip Code **33172**

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 *Ruth Coolidge* DATE 3/2/2007

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

**Filing Fee is \$61.25 Due by May 1, 2007**

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 <b>P</b>	<input checked="" type="checkbox"/> Delete
NAME <b>RODRIGUEZ, VICTOR</b>	
STREET ADDRESS <b>4416 SW 64 COURT</b>	
CITY-ST-ZIP <b>MIAMI, FL 33155</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME <b>MURILLO, EDUARDO</b>	
STREET ADDRESS <b>245 NW 109 AVE, #216</b>	
CITY-ST-ZIP <b>MIAMI, FL 33172</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>COOLIDGE, RUTH</b>	
STREET ADDRESS <b>315 NW 109 AVE, #202</b>	
CITY-ST-ZIP <b>MIAMI, FL 33172</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>RUTH COOLIDGE</b>	
STREET ADDRESS <b>315 NW 109th Avenue, #202</b>	
CITY-ST-ZIP <b>Miami, FL 33172</b>	
TITLE <b>V/P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ALANS HERNANDEZ</b>	
STREET ADDRESS <b>301 NW 109th Avenue, # 214</b>	
CITY-ST-ZIP <b>Miami, FL 33172</b>	
TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MARIA DE LOS ANGELES LORENZO</b>	
STREET ADDRESS <b>231 NW 109th Avenue, #108</b>	
CITY-ST-ZIP <b>Miami, FL 33172</b>	
TITLE <b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GLENYS DOMINGO</b>	
STREET ADDRESS <b>301 NW 109th Avenue, # 201</b>	
CITY-ST-ZIP <b>MIAMI, FL 33172</b>	
TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>VICTOR RODRIGUEZ</b>	
STREET ADDRESS <b>4416 SW 64 Court</b>	
CITY-ST-ZIP <b>Miami, FL 33155</b>	
TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>NEREIDA MONTE DE OCA</b>	
STREET ADDRESS <b>301 NW 109th Avenue, # 211</b>	
CITY-ST-ZIP <b>Miami, FL 33172</b>	

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: *Ruth Coolidge Ruth Coolidge President 3/2/2007 (305) 220-5684* DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

ATTACHMENT  
40029558

LAGUNA CLUB WEST CONDOMINIUM ASSOCIATION

Document NO. 738798

Addition:

Director  
EDUARDO MURILLO  
245 NW 109 Avenue, # 216  
Miami, FL 33172