

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742936

FILED
Mar 26, 2009
Secretary of State

Entity Name: LAGUNA TRACT ONE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8900-A JACARANDA LANE
PLANTATION, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

8900-A JACARANDA LN
PLANTATION, FL 33324 US

New Mailing Address:

8900-A JACARAND LANE
PLANTATION, FL 33324 US

FEI Number: 65-0499501

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PASTERNAK, DAVID
8900 JACARANDA LN
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

MCKNIGHT, DAVID VP
8940 JACARANDA LN
PLANTATION, FL 33324 US

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: DAVID MCKNIGHT

03/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PASTERNAK, DAVID
Address: 8900 JACARANDA LN
City-St-Zip: PLANTATION, FL 33324 US

Title: VP () Delete
Name: MCKNIGHT, DORIS
Address: 8940 JACARANDA LN
City-St-Zip: PLANTATION, FL 33324

Title: STD () Delete
Name: COLLINS, ANN
Address: 8930 JACARAND LANE
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PASTERNAK, DAVID P
Address: 8900 JACARANDA LN
City-St-Zip: PLANTATION, FL 33324 US

Title: VP (X) Change () Addition
Name: MCKNIGHT, DAVID VP
Address: 8940 JACARANDA LN
City-St-Zip: PLANTATION, FL 33324

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID MCKNIGHT

VP

03/26/2009

Electronic Signature of Signing Officer or Director

Date