


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90053 047 ****61.25

DOCUMENT # 766519 1. Entity Name LAVER'S RESORT & RACQUET CLUB "A" CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 778 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442 US	Mailing Address RMC P.O. BOX 97-0069 BOCA RATON, FL 33497-0069 US
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40068228



03282008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2252586	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PALOMBI, GARY 778 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442

**DO NOT WRITE
IN THIS SPACE**

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 _____
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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLUCCI, CLAUDIO 825 EGRET CIR A407 DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIBBS, JOE 825 EGRET CIR A409 DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEDLAR, JAMES 825 EGRET CIR A405 DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CLAUDIO COLUCCI 04/09/08