

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

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90235 023 \*\*\*\*61.25

**DOCUMENT # N00000005040**

1. Entity Name  
**LAGUNA YACHT VILLAGE CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business

**2233 11TH AVE W  
BRADENTON, FL 34205**

Mailing Address

**P O BOX 916  
BRADENTON, FL 34206**

40000000



04172008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**65-1070197**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**BARCUS, DIANE S  
2233 11TH AVE W  
BRADENTON, FL 34205**

**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  
**DP  
BAUGHER, THOMAS R  
1800 2ND ST, # 930 E  
SARASOTA, FL 34236**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
WELLINGER, RICK  
13416 MONTCLAIR PLACE  
BRADENTON, FL 34202**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
BOWER, GLENN P  
6338 LAGUNA DR  
LONGBOAT KEY, FL 34228**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
BARCUS, DIANE S  
2233 11TH AVE  
BRADENTON, FL 34205**

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 #

4/25/08

941-755-  
3898