2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005081

FILED Apr 18, 2006 Secretary of State

Entity Name: THE GREENS AT LACUNA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
GABLES PROPERTY MGMT SUITE 110 WESTON, FL 33331				C/O DAVENPORT PROF. PROP. MGMT. INC. 6620 LAKE WORTH ROAD STE E LAKE WORTH, FL 33467			
Current Mailing Address:				New Mailing Address:			
3300 CORPORATE COVE SUITE 110 WESTON, FL 33331				C/O DAVENPORT PROF. PROP. MGMT. INC. 6620 LAKE WORTH ROAD STE E LAKE WORTH, FL 33467			
FEI Number:	65-1084486	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status	Desired ()
Name and	Address of	Current Registered Agent:		Name and	Address of N	lew Registered A	gent:
GABLES PROPERTY MANAGEMENT 3300 CORPORATE AVE SUITE 110 WESTON, FL 33331 US The above named entity submits this statement for the purpose of				DAVENPORT PROF. PROP. MGMT. INC. 6620 LAKE WORTH ROAD STE E LAKE WORTH, FL 33467 US of changing its registered office or registered agent, or both.			
	of Florida.	·	·	3 3	J	J .	, ,
SIGNATURE: PHILIP FARNHILL				04/18/2006			
	Electro	nic Signature of Registered Age	ent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	ANTONIO, API	NHARBOUR DR		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	PLROZZI, MIK	NHARBOUR DRIVE		Title: Name: Address: City-St-Zip:	PEROZZI, MIKE	HARBOUR DRIVE	
Title: Name: Address: City-St-Zip:	YATES, SYLV	NHARBOUR DRIVE		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	ST. JEAN, BIL	NHARBOUR DRIVE		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	PARKER, JEF	NHARBOUR DRIVE		Title: Name: Address: City-St-Zip:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTONIO APREA P 04/18/2006