

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 11, 2005 08:00 AM  
Secretary of State

<b>DOCUMENT # N02000009616</b> 1. Entity Name <b>LA LAGUNA CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>130 GOLDEN ISLES DR APT B HALLANDALE FL 33009</b>		Mailing Address <b>130 GOLDEN ISLES DR APT B HALLANDALE FL 33009</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		4. FEI Number <div style="text-align: center; font-weight: bold;">NO-T APPLICABLE</div>			
5. Certificate of Status Desired <input type="checkbox"/>		<div style="text-align: right; font-weight: bold;">\$8.75</div> Additional Fee required			
6. Name and Address of Current Registered Agent  <div style="font-weight: bold;">QUINTERO, CIELO M 130 GOLDEN ISLES DR APT A HALLANDALE FL 33009</div>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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				<div style="text-align: right; font-weight: bold;">FL</div> Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D QUINTERO, CIELO M 130 GOLDEN ISLES DR APT A HALLANDALE FL 33009		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	UN00000226115 02/12/05-80002-020 45.75
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DINNEY, WILLIAM M 130 GOLDEN ISLES DR APT B HALLANDALE FL 33009		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	UN00001226115 02/12/05-80002-021 15.50
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DINNEY, BETTY N 130 GOLDEN ISLES DR APT B HALLANDALE FL 33009		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



1st MOORE CR2E037 (10/04)

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #