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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 11, 2005 08:00 AM DOCUMENT # NO2000009616 1. Entity Name **Secretary of State** LA LAGUNA CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 130 GOLDEN ISLES DR APT B 130 GOLDEN ISLES DR APT B HALLANDALE FL 33009 HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State Applied For 4. FEI Number NO-T APPLICABLE Not Applicable Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agen Name QUINTERO, CIELO M Street Address (P.O. Box Number is Not Acceptable) 130 GOLDÉN ISLES DR APT A HALLANDALE FL 33009 City Zip Code 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIR 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 TITLE ☐ Delete DHE Change Addition QUINTERO, CIELO M NAME U00000226115 130 GOLDEN ISLES DR APT A STREET ADDRESS STREET ADDRESS /12/12/05-80002-020 45.75 HALLANDALE FL 33009 CITY - ST - ZIP CITY-ST-ZIP INOQQUIZZGIIS □ Change TITLE ☐ Delete ☐ Addition DINNEY, WILLIAM M NAME NAME 02/12/05-80002-021 15.50 130 GOLDEN ISLES DR APT B STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 CITY-ST-ZIP CHY-SI-ZIP TITLE ☐ Delete TITLE Change Addition | NAME DINNEY, BETTY N NAME 130 GOLDEN ISLES DR APT B STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 CITY-ST-ZIP CITY-ST-ZIP ITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY: ST. 7IP THUE Delete HEF ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHIY-SI-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

Date

Daytime Phone #

FILED