

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008338

FILED
Feb 03, 2012
Secretary of State

Entity Name: LAGUNA LAKES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD, SUITE 200
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD, SUITE 200
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 20-0277963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD
SUITE 200
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: TARDIFF, PATRICK
Address: 9220 BELLEZA WAY #201
City-St-Zip: FORT MYERS, FL 33908

Title: VPD
Name: FLAMMANG, DONNA
Address: 9059 SPRING MOUNTAIN WAY
City-St-Zip: FORT MYERS, FL 33908

Title: TD
Name: HAJICEK, BOB
Address: 9226 CALLE ARRAGON AVE. #201
City-St-Zip: FORT MYERS, FL 33908

Title: SD
Name: KELLEY, JEFF
Address: 8890 PASEO DE VALENCIA ST.
City-St-Zip: FORT MYERS, FL 33908

Title: D
Name: COWART, MARY ANN
Address: 9350 LOS ALISOS WAY
City-St-Zip: FORT MYERS, FL 33908

I hereby 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 all other like empowered.

SIGNATURE: BOB HAJICEK

TD

02/03/2012

Electronic Signature of Signing Officer or Director

Date