

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000009508

1. Entity Name
LAZY LAGOON CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**99696 OVERSEAS HIGHWAY
KEY LARGO, FL 33037**

Mailing Address
**99696 OVERSEAS HIGHWAY
#2
KEY LARGO, FL 33037**



01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number
37-1497750

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOILINI, JAMES
99696 OVERSEAS HIGHWAY
KEY LARGO, FL 33037**

**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 Lic if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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
**VTD
BOILINI, JAMES
99696 OVERSEAS HIGHWAY #7
KEY LARGO, FL 33037**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSD
FIRM, TOM
99696 OVERSEAS HIGHWAY #1
KEY LARGO, FL 33037**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BOILINI, MARY L
99696 OVERSEAS HIGHWAY #7
KEY LARGO, FL 33037**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000429282
02/21/06-80084-007 61.25

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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:

Todd B. Firk *Todd B. Firk*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-06

Date

305-457-1177

Daytime Phone #