

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90375 019 ****61.25

DOCUMENT # N05000000158

1. Entity Name
LAGUNA RIVIERA MASTER ASSOCIATION, INC.



Principal Place of Business

**614 RIVIERA DUNES WAY
PALMETTO, FL 34221**

Mailing Address

**9031 TOWN CENTER PKWY
BRADENTON, FL 34202**

40034508



01262007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

34-2034461

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ADVANCED MANAGEMENT OF SOUTHWEST FL, INC.
9031 TOWN CENTER PKWY
BRADENTON, FL 34202**

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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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MONTGOMERY, LINDA
STREET ADDRESS 4200 WEST CYPRESS ST., STE. 444
CITY-ST-ZIP TAMPA, FL 33607

TITLE VD
NAME ROQUE, TAMMY
STREET ADDRESS 4200 WEST CYPRESS ST., STE. 444
CITY-ST-ZIP TAMPA, FL 33607

TITLE STD
NAME HAMVAY, JENNIFER
STREET ADDRESS 4200 WEST CYPRESS ST., STE. 444
CITY-ST-ZIP TAMPA, FL 33607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/07

Date

941-359-1134

Daytime Phone #