

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 14, 2009
Secretary of State**

DOCUMENT# N05000012269

Entity Name: LAGUNA BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O STRATEGIC REALTY CAPITAL, LLC
1411 5TH STREET, SUITE 406
SANTA MONICA, CA 90401

New Principal Place of Business:

Current Mailing Address:

C/O STRATEGIC REALTY CAPITAL, LLC
1411 5TH STREET, SUITE 406
SANTA MONICA, CA 90401

New Mailing Address:

FEI Number: 20-4881728 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

VAN DIEN, LISA BARNETT ESQ.
821 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102 US

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: LISA BARNETT VAN DIEN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROSENTHAL, KEITH B
Address: 1411 5TH ST., SUITE 406
City-St-Zip: SANTA MONICA, CA 90401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPTD () Delete
Name: HIRMES, ALAN P
Address: 1411 5TH ST., SUITE 406
City-St-Zip: SANTA MONICA, CA 90401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: ROHRBACH, JIM
Address: 107 GREENVIEW STREET
City-St-Zip: MARCO ISLAND, FL 34145

Title: D (X) Change () Addition
Name: KNIEP, ANGELA
Address: 2692 FOUNTAIN VIEW CIRCLE #205
City-St-Zip: NAPLES, FL 34109

Title: S () Delete
Name: ORGEL, RON
Address: 1411 5TH STREET, SUITE 406
City-St-Zip: SANTA MONICA, CA 90401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALAN HIRMES

VPTD

10/14/2009

Electronic Signature of Signing Officer or Director

Date