
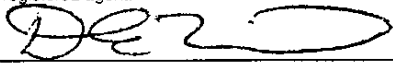



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90001 016 \*\*\*\*61.25

<b>DOCUMENT # N05000012466</b> 1. Entity Name <b>LAGUNA AT RIVIERA DUNES II CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>4200 W CYPRESS STREET SUITE 444 TAMPA, FL 33607</b>			Mailing Address <b>4200 W CYPRESS STREET SUITE 444 TAMPA, FL 33607</b>		
2. Principal Place of Business <b>606 Riviera Dunes way</b>		3. Mailing Address <b>9031 Town Center Pkwy</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Palmetto, FL</b>		City & State <b>Bradenton, FL</b>		4. FEI Number <b>20-3948042</b>	
Zip <b>34221</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>34221</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CORPORATION SERVICES COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			<b>7. Name and Address of New Registered Agent</b> Name <b>Advanced Management of SW FL Inc</b> Street Address (P.O. Box Number is Not Acceptable) <b>9031 Town Center Parkway</b> City <b>Bradenton</b>		
CORPORATION SERVICES COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			FL Zip Code <b>34202</b>		
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 <u></u> <b>Douglas E. Wilson, Pres.</b> <b>1-31-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTGOMERY, LINDA 4200 W CYPRESS STREET SUITE 444 TAMPA, FL 33607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROQUE, TAMMY 4200 W CYPRESS STREET SUITE 444 TAMPA, FL 33607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAMVAY, JENNIFER 4200 W CYPRESS STREET SUITE 444 TAMPA, FL 33607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST BOZESKY, MARGARET 10350 BREN RD W MINNETONKA, MN 55343	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <u></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>1-26-06</b> <b>813/349-5130</b> <small>Date Daytime Phone #</small>	
<b>LINDA MONTGOMERY</b>					