


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90030 028 ****61.25

DOCUMENT # N06000004077	
1. Entity Name LADERA HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 123 NW 13 ST., STE. 300 BOCA RATON, FL 33432	Mailing Address 123 NW 13 ST., STE. 300 BOCA RATON, FL 33432
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40013047



02052007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-4721090	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JEFFREY R. MARGOLIS, P.A. C/O DUANE MORRIS LLP 200 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DV GAUDET, LYNNE 123 NW 13 ST., STE. 300 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Gimmy Kelly 123 NW 13th STREET, SUITE 300 BOCA RATON, FL. 33432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV YUTER, RON 123 NW 13 ST., STE. 300 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS Lawrence Goldstein 123 NW 13th St. Suite 300 BOCA RATON, FL 33432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BIDWELL, MARK 123 NW 13 ST., STE. 300 BOCA RATON, FL 33432 <input checked="" 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
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>Ronald L. Yuter V.P.</u>	2-6-07	561-391-4012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

ATTACHMENT

40013047

From: Origin ID: PHKA (561)391-4012
sandra.rodriguez
engle homes inc.
123 nw 13th sta 300

boca raton, FL 33432



CL36121672123

Ship Date: 07FEB07
ActWgt: 1 LB
System#: 8167107/NET2600
Account#: S *****

N06000004077

Delivery Address Bar Code

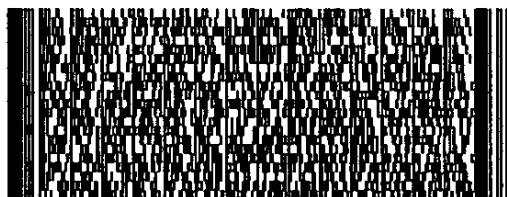


Ref # ANNUAL REPORTS
Invoice #
PO #
Dept #

SHIP TO: (850)245-6056

BILL SENDER

DIVISIONS OF CORPORATIONS
2670 EXECUTIVE CENTER CIRCLE
SUITE 100
TALLAHASSEE, FL 32301



PRIORITY OVERNIGHT

THU

TRK# 7922 8657 9936

FORM
0201Deliver By:
08FEB07

TLH A2

32301 -FL-US

XH TLHA



Shipping Label: Your shipment is complete

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