

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09167

FILED
Feb 24, 2010
Secretary of State

Entity Name: LAGUNA TROPICAL, A CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6854 NW 173 DR
HIALEAH, FL 33015 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 820455
SOUTH FLORIDA, FL 330820455 US

New Mailing Address:

21113 JOHNSON STREET
SUITE 117
PEMBROKE PINES, FL 33029 US

FEI Number: 65-0109211

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EBER, ROBERT C
10761 SW 104 STREET
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD
Name: HEREDIA, ALEJANDRO
Address: 6854 NW 173 DR 210
City-St-Zip: MIAMI, FL 33015

Title: TD
Name: GARCIA, ROBERT
Address: 6894 NW 173RD DR, #510
City-St-Zip: MIAMI, FL 33015

Title: PD
Name: BAPTISTE, CAROLINE
Address: 6854 NW 173 DR #206
City-St-Zip: MIAMI, FL 33015

Title: D
Name: HEREDIA, OSCAR
Address: 6858 NW 173 DR 306
City-St-Zip: MIAMI, FL 33015

Title: VP
Name: FOWLER, THOMAS JR.
Address: 6894 NW 173 DRIVE, 501
City-St-Zip: HIALEAH, FL 33015

I hereby 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 all other like empowered.

SIGNATURE: CAROLINE BAPTISTE

P

02/24/2010

Electronic Signature of Signing Officer or Director

Date