2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13116

FILED Apr 17, 2009 Secretary of State

Entity Name: LAGUNA DEL REY, A CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

900 W. 49 ST. 900 W. 49 ST. #220 STE 220

HIALEAH, FL 33012 HIALEAH, FL 33012 US

Current Mailing Address: New Mailing Address:

900 W. 49 ST. 900 W. 49 ST. 8TE 220

HIALEAH, FL 33012 HIALEAH, FL 33012 US

FEI Number: 59-2754258 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DELATORE, CLEMENTE J 900 W. 49 ST. DELATORE, CLEMENTE J 900 W. 49 ST.

900 W. 49 ST. 900 W. 49 ST #220 STE 220

HIALEAH, FL 33012 US HIALEAH, FL 33012 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: CLEMENTE J. DELATORRE 04/17/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: GONZALEZ, JULIO Name: GONZALEZ, JULIO

 Name:
 GONZALEZ, JOLIO
 Name:
 GONZALEZ, JOLIO

 Address:
 900 W. 49 ST.
 Address:
 900 W. 49 ST. STE. 220

 City-St-Zip:
 HIALEAH, FL 33012
 City-St-Zip:
 HIALEAH, FL 33012 US

Title: TD () Delete Title: TD (X) Change () Addition Name: AVALOS, PAULINA Name: AVALOS, PAULINA

 Name:
 AVALOS, PAULINA
 Name:
 AVALOS, PAULINA

 Address:
 900 W. 49 ST.
 Address:
 900 W. 49 ST. STE. 220

 City-St-Zip:
 HIALEAH, FL 33012
 City-St-Zip:
 HIALEAH, FL 33012 US

 $\label{eq:title:sde} {\sf Title:} \qquad {\sf SD} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SD} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 MARTINEZ, ELIZABETH
 Name:
 MARTINEZ, ELIZABETH

 Address:
 900 W. 49 ST.
 Address:
 900 W. 49 ST. STE 220

 City-St-Zip:
 HIALEAH, FL 33012
 City-St-Zip:
 HIALEAH, FL 33012 US

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: JULIO GONZALEZ PD 04/17/2009