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NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15723 (2)

1. Corporation Name

LAGUNA AT MISSION BAY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O COMMUNITY ASSOC. SERVICE 951 BORKEN SOUND PKWY. 250 BOCA RATON FL 33487 US	C/O COMMUNITY ASSOC. SERVICE 951 BROKEN SOUND PKWY. 250 BOCA RATON FL 33487 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 07/07/1986	3a. Date of Last Report: 08/14/1995
21	26	4. FEI Number: 59-2770455	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

MESSINGER, JOEL
COMMUNITY ASSOC SVCS
951 BROKEN SOUND PKWY, 250
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Joel Messinger 4/28/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	ROSOV, HIRAM		12 NAME		
STREET ADDRESS	10537 MENDOCINO LANE		13 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		14 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	EDELMAN, MURRAY		22 NAME		
STREET ADDRESS	10660 SANTA LAGUNA DR.		23 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		24 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	BERKMAN, ALLEN		32 NAME		
STREET ADDRESS	10668 SANTA LAGUNA DR.		33 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		34 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	HOFFMAN, MARILYN		42 NAME		
STREET ADDRESS	10541 SANTA LAGUNA DR.		43 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		44 CITY-ST-ZIP		
TITLE	SD	☑ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	~~WEGELEY, BEATRICE~~		52 NAME		
STREET ADDRESS	~~10828 MENDOCINO DR.~~		53 STREET ADDRESS		
CITY-ST-ZIP	~~BOCA RATON FL~~		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Murray Edelman Murray Edelman 4/28/96 407 994-1788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #