

2006 ~~NOT~~-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90036 035 ****61.25

DOCUMENT # N15723 1. Entity Name LAGUNA AT MISSION BAY ASSOCIATION, INC.					
Principal Place of Business 951 BROKEN SOUND PKWY SUITE 250 BOCA RATON, FL 33487 US			Mailing Address C/O COMMUNITY ASSOC. SERVICE 951 BROKEN SOUND PKWY, 250 BOCA RATON, FL 33487 US		
2. Principal Place of Business		3. Mailing Address		 02092006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2770455				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MESSINGER, JOEL COMMUNITY ASSOC SVCS 951 BROKEN SOUND PKWY, 250 BOCA RATON, FL 33487			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, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIESEL, LYNN 10619 SANTA LAGUNA DR BOCA RATON, FL 33428	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Bob Swanson
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, STEVEN 10691 SANTA LAGUNA DR. BOCA RATON, FL 33428	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRANTELLIZZI, PAUL 10659 SAN BERNARDINO WAY BOCA RATON, FL 33428	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KRONZEK, DAVID 10540 MENDOCINO LANE BOCA RATON, FL 33428	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GOLDENBERG, ROD 10626 MENDICINO LANE BOCA RATON, FL 33428	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____ 5/1/06 561-994-1788 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					