

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 17, 2009**  
**Secretary of State**

DOCUMENT# N15723

**Entity Name:** LAGUNA AT MISSION BAY ASSOCIATION, INC.**Current Principal Place of Business:**C/O A&N MANAGEMENT, INC  
902 CLINT MOORE ROAD, #110  
BOCA RATON, FL 33487 US**New Principal Place of Business:**C/O HAWK-EYE MANAGEMENT INC.  
3901 N FEDERAL HWY., STE. 202  
BOCA RATON, FL 33431 US**Current Mailing Address:**C/O A&N MANAGEMENT, INC.  
902 CLINT MOORE ROAD, #110  
BOCA RATON, FL 33487 US**New Mailing Address:**C/O HAWK-EYE MANAGEMENT INC.  
3901 N FEDERAL HWY., STE. 202  
BOCA RATON, FL 33431 US**FEI Number:** 59-2770455**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CAPLAN, LOUIS  
6111 BROKEN SOUND PARKWAY, NW  
SUITE #200  
BOCA RATON, FL 33487 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: PD ( ) Delete  
Name: BRAND, MICHAEL  
Address: 10731 SAN BERNARDINO WAY  
City-St-Zip: BOCA RATON, FL 33428Title: TD ( ) Delete  
Name: COHEN, STEVEN  
Address: 10691 SANTA LAGUNA DRIVE  
City-St-Zip: BOCA RATON, FL 33428Title: D ( ) Delete  
Name: DIESEL, LYNN  
Address: 10619 SANTA LAGUNA DRIVE  
City-St-Zip: BOCA RATON, FL 33428Title: VP ( ) Delete  
Name: GLASSER, CRAIG  
Address: 20802 CABRI LO WAY  
City-St-Zip: BOCA RATON, FL 33428Title: SD ( ) Delete  
Name: WISE, LORETTA  
Address: 20784 CABRILLO WAY  
City-St-Zip: BOCA RATON, FL 33428**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LORETTA WISE

SD

09/17/2009

Electronic Signature of Signing Officer or Director

Date