


FILED

Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90031 029 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

| | | | | | |
|--|-------------------|--|--|---|--|
| DOCUMENT # N28544 | | | |  | |
| 1. Entity Name LAGUNA POINT NORTH HOMEOWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business C/O THE CONTINENTAL GROUP, INC. 11981 SW 144 CT, SUITE #201 MIAMI, FL 33186 | | | Mailing Address C/O THE CONTINENTAL GROUP, INC. 11981 SW 144 CT, SUITE #201 MIAMI, FL 33186 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| | | | | Country | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| PAIGE, ROBERT E ESQ STE 550 9500 S DADELAND BLVD MIAMI, FL 33156 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | D | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHAND, JACKIE | | | NAME | |
| STREET ADDRESS | 21222 SW 94 COURT | | | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL | | | CITY-ST-ZIP | |
| TITLE | VPD | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLARK, SUSAN | | | NAME | |
| STREET ADDRESS | 21532 SW 94 COURT | | | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL | | | CITY-ST-ZIP | |
| TITLE | P | <input checked="" type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DELTORO, KATHY | | | NAME | DEROGATIS, DENNIS |
| STREET ADDRESS | 21423 SW 94 COURT | | | STREET ADDRESS | 21320 SW 94 AVE |
| CITY-ST-ZIP | MIAMI, FL 33189 | | | CITY-ST-ZIP | MIAMI, FL 33189 |
| TITLE | D | <input checked="" type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MYER, CHARLES | | | NAME | GANGEMI, RONALD |
| STREET ADDRESS | 21312 SW 94 COURT | | | STREET ADDRESS | 21222 SW 94 CT |
| CITY-ST-ZIP | MIAMI, FL 33189 | | | CITY-ST-ZIP | MIAMI, FL 33189 |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TRAINOR, BRIAN | | | NAME | TRAINOR, BRIAN |
| STREET ADDRESS | 9780 SW 216 ST | | | STREET ADDRESS | 21311 SW 94 AVE |
| CITY-ST-ZIP | MIAMI, FL 33190 | | | CITY-ST-ZIP | MIAMI, FL 33189 |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, DAVID | | | NAME | SMITH, DAVID |
| STREET ADDRESS | 9780 SW 216 ST | | | STREET ADDRESS | 9451 SW 212 TER |
| CITY-ST-ZIP | MIAMI, FL 33190 | | | CITY-ST-ZIP | MIAMI, FL 33189 |
| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <small>Date Daytime Phone #</small> | | | | | |

40013746



01032008 Chg-NP CR2E037 (12/06)

 4. FEI Number
 65-0135374

 Applied For
 Not Applicable

 5. Certificate of Status Desired ☐ \$8.75 Additional
 Fee Required

**Filing Fee is \$61.25
Due by May 1, 2008**

 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

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| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | CLARK, SUSAN | |
| STREET ADDRESS | 21532 SW 94 COURT | |
| CITY-ST-ZIP | MIAMI, FL | |
| TITLE | P | <input checked="" type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #