2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007
Secretary of State

DOCUMENT# N35736

Entity Name: LA GORCE ISLAND ASSOCIATION, INC.

Current Principal Place of Business:

6595 PINE TREE LANE
MIAMI BEACH, FL 331414536 US

New Principal Place of Business:

Current Mailing Address:

6595 PINE TREE LANE
MIAMI BEACH, FL 331414536 US

New Mailing Address:

FEI Number: 59-0546529 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EGOZI CHOUKROUN, ESTHER
21 LA GORGE CIRCLE
MIAMI BEACH, FL 33141 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:	P	( ) Delete
Name:	EGOZI CHOUKROUN, ESTHER	
Address:	21 LA GORCE CIRCLE	
City-St-Zip:	MIAMI BEACH, FL 33141 US	
Title:	EVP	( ) Delete
Name:	DORNFIELD, STUART	
Address:	17 LA GORCE CIRCLE	
City-St-Zip:	MIAMI BEACH, FL 33141 US	
Title:	VP	( ) Delete
Name:	KAINEN, DENNIS ESQ.	
Address:	6645 BREVITY LANE	
City-St-Zip:	MIAMI BEACH, FL 33141 US	
Title:	T	( ) Delete
Name:	MORA, OSWALDO ESQ.	
Address:	15 LA GORCE CIRCLE	
City-St-Zip:	MIAMI BEACH, FL 33141 US	
Title:	S	( ) Delete
Name:	RODGERS, THOMAS E JR.	
Address:	10 LA GORCE CIRCLE	
City-St-Zip:	MIAMI BEACH, FL 33141 US	
Title:	D	( ) Delete
Name:	FLEMING, JOSEPH Z ESQ.	
Address:	34 LA GORCE CIRCLE	
City-St-Zip:	MIAMI BEACH, FL 33141 US	

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:	T	(X) Change ( ) Addition
Name:	POTTS, SHARON R	
Address:	6619 ROXBURY LANE	
City-St-Zip:	MIAMI BEACH, FL 33141 US	
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 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: ESTHER EGOZI CHOUKROUN P 01/19/2007

Electronic Signature of Signing Officer or Director — Date