

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

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90262 027 \*\*\*\*61.75

**DOCUMENT # N37947**

1. Entity Name  
**LAGUNA TWO MAINTENANCE ASSOCIATION, INC.**



Principal Place of Business  
**% THE CONTINENTAL GROUP**  
**2950 N 28TH TERRACE**  
**HOLLYWOOD, FL 33020 US**

Mailing Address  
**% THE CONTINENTAL GROUP**  
**2950 N 28TH TERRACE**  
**HOLLYWOOD, FL 33020 US**

2. Principal Place of Business  
**18001 Old Cutter Rd**

3. Mailing Address  
**18001 Old Cutter Rd**

Suite, Apt. #, etc.  
**# 333**

City & State  
**Palmetto Bay, FL**

City & State  
**Palmetto Bay, FL**

Zip  
**33157**

Country  
**Dade**

40039100



03162006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-0141963**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BROUGH, CHADROW, LEVINE, P.A.**  
**2700 SOUTH COMMERCE PKWY. STE 305-B**  
**SUITE 540**  
**WESTON, FL 33331**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	<b>P</b> <b>NOEL, WEBSTER</b> <b>657 SPINNAKER</b> <b>WESTON, FL 33326</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT</b> <b>LARRY, JAFFE</b> <b>544 WATER POINT</b> <b>WESTON, FL 33326</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SUSAN, ALATARY</b> <b>598 SPINNAKER</b> <b>WESTON, FL 33326</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KATHY, SAXE</b> <b>554 SPINNAKER</b> <b>WESTON, FL 33326</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TOM, MORGENTHAL</b> <b>565 SPINNAKER</b> <b>WESTON, FL 33326</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>D</b> <b>CARL TARGOFF</b> <b>677 SPINNAKER</b> <b>WESTON, FL 33326</b> <input checked="" type="checkbox"/> 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:** Abel Webster **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_