


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90002 027 ****61.25

DOCUMENT # N37947 1. Entity Name LAGUNA TWO MAINTENANCE ASSOCIATION, INC.			
Principal Place of Business 18001 OLD CUTLER RD 333 MIAMI, FL 33157 US		Mailing Address 18001 OLD CUTLER RD 333 MIAMI, FL 33157 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. 509 City & State		Suite, Apt. #, etc. 509 City & State	
Zip	Country	Zip	Country
		4. FEI Number 65-0141963	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	P NOEL, WEBSTER 657 SPINNAKER WESTON, FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Julie, Dowd 638 Spinnaker Weston, FL 33326
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT LARRY, JAFFE 544 WATER POINT WESTON, FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Andrea, Culberson 668 Spinnaker Weston, FL 33326
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUSAN, ALATARY 598 SPINNAKER WESTON, FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATHY, SAXE 554 SPINNAKER WESTON, FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARGOFF, CARL 677 SPINNAKER WESTON, FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		
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: <u>Noel WEBSTER / Noel Webster Pres.</u>		Date: <u>2/13/07</u> Daytime Phone #: <u>954 349 7729</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40025224



02092007 Chg-NP CR2E037 (12/06)