## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 22, 2008 8:00 am Secretary of State

Mainty   Address   Mainty	DOCUMENT # N37947  1. Entity Name LAGUNA TWO MAINTENANCE ASSOCIATION, INC.						01-22-2008	3 90046 008 ****	61.25
Suite, Apt. 8, etc.  Suite, Ap	18001 OLD		18001 OLD CUTLER R	18001 OLD CUTLER RD					
Suite: Apt. #. etc.	MIAMI, FL 3	3157 US	MIAMI, FL 33157	US				 	
City & State	2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
City & State	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		01042008	Chg-NP	CR2E037 (12/06)	
S. Certificate of Salutius Services   Fee Required	City & Stat	ie	City & State	City & State		4. FEI Numbe 65-0141	1963	<del></del>	•
Name	Zip	Country	Zip	Country		5. Certificate	of Status Desired	□ \$8.75 Ac	dditional
STEET ADDRESS ST		6. Name and Address of Current	Registered Agent		' '	7. Name and	Address of New	Registered Agent	
SIGNATURE  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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signa	RPOLICH	CHADDOW LEVINE DA		Name					
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, typed of prizest name of imparted agent and title if approach.	2700 SOU	TH COMMERCE PKWY. STE	305-B	Street A	ddress (P.0	O. Box Numbe	r is Not Acceptab	le)	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obtigations of registered agent.    Signature				6:4				7:- 0-	
SIGNATURE				City				FL   Zip Co	ae
Due by May 1, 2008			and trile if applicable. (NOT	E: Registered Agent signa	ture required wh	hen reinstating)		DATE	
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information	NAME STREET ADDRESS		∟ Delete	NAME STREET ADDRESS				Change	Addition

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.

GNATURE:

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