

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37947

FILED
Apr 08, 2009
Secretary of State

Entity Name: LAGUNA TWO MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

18001 OLD CUTLER RD
509
MIAMI, FL 33157 US

New Principal Place of Business:

18001 OLD CUTLER RD
SUITE 521
PALMETTO BAY, FL 33157 US

Current Mailing Address:

18001 OLD CUTLER RD
STE 521
MIAMI, FL 33157 US

New Mailing Address:

18001 OLD CUTLER RD
SUITE 521
PALMETTO BAY, FL 33157 US

FEI Number: 65-0141963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROUGH, CHADROW, LEVINE, P.A.
2700 SOUTH COMMERCE PKWY. STE 305-B
SUITE 540
WESTON, FL 33331 US

Name and Address of New Registered Agent:

BROUGH, CHADROW, LEVINE, P.A.
1900 NORTH COMMERCE PARKWAY
WESTON, FL 33326 US

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: DAVID L. BROUGH

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NOEL, WEBSTER
Address: 657 SPINNAKER
City-St-Zip: WESTON, FL 33326

Title: VPT () Delete
Name: LARRY, JAFFE
Address: 544 WATER POINT
City-St-Zip: WESTON, FL 33326

Title: S () Delete
Name: DOWD, JULIE
Address: 638 SPINNAKER
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: TARGOFF, CARL
Address: 677 SPINNAKER
City-St-Zip: WESTON, FL 33326

Title: T () Delete
Name: CANEPANILE, LOUIS
Address: 546 SPINNAKER
City-St-Zip: FORT LAUDERDALE, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LARRY, JAFFE
Address: 544 WATER POINT
City-St-Zip: WESTON, FL 33326

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: NOEL WEBSTER

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date