

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-18-2004 90003 025 ****61.25

DOCUMENT # N94000001643

1. Entity Name
LAGUNA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
270 NW 71ST AVENUE
APT 3
MIAMI, FL 33126 US

Mailing Address
270 NW 71ST AVENUE
APT 3
MIAMI, FL 33126 US

54068726



DO NOT WRITE IN THIS SPACE

07152004 No Chg-NP CR2E037 (10/03)

| | |
|----------------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number 96-5054708 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

COMPLETE & RELIABLE
7100 S.W. 99 AVE
102
MIAMI, FL 33173

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------|
| TITLE | PD |
| NAME | RIVERO, RAMON |
| STREET ADDRESS | 270 NW 71 AVE # 2 |
| CITY-STATE-ZIP | MIAMI, FL 33126 |

| | |
|----------------|---------------------|
| TITLE | TD |
| NAME | ESPINOSA, JUAN |
| STREET ADDRESS | 270 NW 71 AVE., #14 |
| CITY-STATE-ZIP | MIAMI, FL 33126 |

| | |
|----------------|--------------------|
| TITLE | SD |
| NAME | MARTINEZ, GLORIA |
| STREET ADDRESS | 270 N.W. 71 AVE #3 |
| CITY-STATE-ZIP | MIAMI, FL 33126 |

| | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |

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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

7/20/04

305-598-4068