2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000001643

1. Entity Name
LAGUNA CONDOMINIUM ASSOCIATION, INC.

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

07012005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
96-5054708

Apply First
No. Applicable

5. Certificate of Status Desired ☐ **$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

3. 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 September 7, 2005

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-ST-ZIP	MIAMI, FL 33126
TITLE	TD
NAME	ESPINOSA, JUAN
STREET ADDRESS	270 NW 71 AVE., #14
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	SD
NAME	MARTINEZ, GLORIA
STREET ADDRESS	270 N.W. 71 AVE #3
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000372125
07/11/05-80019-014 61.25

DO NOT WRITE 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: Gloria S. Martinez GLORIA S. MARTINEZ 7/7/05 786/999-1935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #