**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # N940000247 PRECEIVED

LAGUNA ROYALE COMMONS ASSOCIATION, INC.

APR 2 7 1999

Principal Place of Business 3838 TAMIAMI TRAIL N. NAPLES FL 34103

Mailing Address 3838 TAMIAMI TRAIL N. #410 NAPLES FL 34103

## **FILED** May 01, 1999 8:00 am § Secretary of State

05-01-1999 90053 034 \*\*\*\*61.25

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2. Principal Pl	ace of Business	2a. Mailing Address		3. Date incorporated or Qualifed 05/13/1994		
21 7041	117	26 704 111		4. FEI Number Applied For		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	TEMAITE	65-0504782 - Not Applicable		
22 1 1483 City & State	TEMBINITAL IN	Çity & State	<u> </u>	\$8.75 Additional		
	F 2005	28 Vopoen 7	5/34119	5. Certificate of Status Desired		
_ Zip	Country	z <sub>p</sub> \	Country	6. Election Campaign Financing \$5.00 May Be		
24 34 1	19 25 UST	29 30	0214	Trust Fund Contribution Added to Fees		
	9. Name and Address of Current I	Registered Agent	81 Name	10. Name and Address of New Registered Agent		
			81 Name	Xim Coomer		
CONROY,	THOMAS J. I		82 Street	Address (P.O. Box Number is Not Acceptable)		
	N <7 CONROY		83	Reportey Management Hope		
3838 TAMIAMI TR, N				33 Tamiano TR. 10 #152		
NAPLES F	L 34103		84 City	ADICS FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered						
office or re	arietorod agonf or both in the State of	Fiorida, Stich chande was aut	ionzea dy the colda	ration's board of directors. I hereby accept the appointment as registered		
	m familiar with, and accept ne or catio	NO POR CONTRACTOR OF THE PROPERTY OF THE PROPE	a Cialules,	466199		
SIGNATURE (	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	egistered Agent signature re	equired when reinstating)		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D /	DELETE	1.1 TITLE	QUADE, MIKE YD Achange Addition		
NAME	KESSOUS, MICHAEL		1.2 NAME	586 Laguna Royale BLVd. # 844		
STREET ADDRESS	3838 TAMIAMI TRAIL N., #410		1.3 STREET ADDRESS	300 00 00 00		
CITY-ST-ZIP	NAPLES FL		1.4 CiTY-ST-ZIP	Naples, FL 34119		
ππE	D	DELETE	2.1 TITLE	MASS, BOG VPD Change Addition		
NAME	STEVENS, PATRICIA	, .	2.2 NAME	538 Lagna Royale Blod #403		
STREET ADDRESS	3838 TAMIAMI TRAIL N., #410		2.3 STREET ADDRESS	Papers, FL. 34119		
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	Rosenthan FRANK TD Change Addition		
TITLE	D '	DELETE	3.1 TITLE	1000 THE PROPERTY OF THE PROPE		
NAME	THOMAS, JOHN	,	3.2 NAME	598 Laguna Royale BLUD #904		
STREET ADDRESS	526 LAGUNA ROYALE BLVD., #3	104	3.3 STREET ADDRESS	Napres FL 34119		
CITY-ST-ZIP	NAPLES FL 34119	□ DELETE	3.4. CITY-ST-ZIP	MUNYAN RAIGH TSN Change Addition		
TITLE			4.1 TITLE	Tribity (in pix		
NAME			4. 2 NAME 4.3 STREET ADDRESS	562 Laguna Royale BLUD #604		
STREET ADDRESS			4.3 STREET AUDRESS	NAPles FL 34119		
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	OPIGIG   IIII   Change   Addition		
NAME		- v	5.2 NAME	ORWE, WIII D		
STREET ADDRESS			5.3 STREET ADDRESS	574 Laguna Royale BLUD #703		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Masles FL 34119		
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition		
NAME			6.2 NAME			
1000 F	N - FW		6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>対策 悲い</b>		6.4 CITY-ST-ZIP			

14. Thereby 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4-26-99