

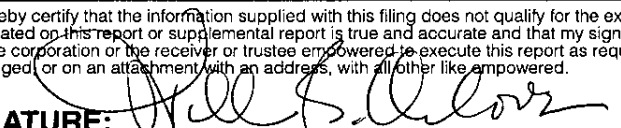


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91006 022 \*\*\*\*61.25

<b>DOCUMENT # N94000002478</b>					
<b>1. Entity Name</b> LAGUNA ROYALE COMMONS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 2685 HORSESHOE DR S #215 NAPLES, FL 34104 US			<b>Mailing Address</b> C/O RESORT MANAGEMENT 2685 HORSESHOE DR S #215 NAPLES, FL 34104 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0504782	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ORLOVE, WILL 574 LAGUNA ROYAL BLVD, #703 NAPLES, FL 34119			<b>7. Name and Address of New Registered Agent</b> -Name-  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE</b>    <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;">                 4-22-04  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2004.</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> QUIDE, MIKE <b>STREET ADDRESS</b> 586 LAGUNA ROYLA BLVD, #804 <b>CITY-ST-ZIP</b> NAPLES, FL 34119	<input type="checkbox"/> Delete		<b>TITLE</b> DVP <b>NAME</b> Mike Quade <b>STREET ADDRESS</b> 586 Laguna Royale Blvd. #804 <b>CITY-ST-ZIP</b> NAPLES, FL 34119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> SCHAFER, JAMES <b>STREET ADDRESS</b> 503 LAGUNA ROYALE BLVD #202 <b>CITY-ST-ZIP</b> NAPLES, FL 34119	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> James Schaffer <b>STREET ADDRESS</b> 503 Laguna Royale Blvd. #202 <b>CITY-ST-ZIP</b> NAPLES, FL 34119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VPD <b>NAME</b> ROSENTHAL, FRANK <b>STREET ADDRESS</b> 598 LAGUNA ROYALE BLVD. # 904 <b>CITY-ST-ZIP</b> NAPLES, FL 34119	<input type="checkbox"/> Delete		<b>TITLE</b> DS <b>NAME</b> Frank Rosenthal <b>STREET ADDRESS</b> 598 Laguna Royale Blvd. #903 <b>CITY-ST-ZIP</b> NAPLES, FL 34119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> KATZAN, PHILIP <b>STREET ADDRESS</b> 5261 LAGUNA ROYALE BLVD, #301 <b>CITY-ST-ZIP</b> NAPLES, FL 34119	<input type="checkbox"/> Delete		<b>TITLE</b> DT <b>NAME</b> Philip Katzan <b>STREET ADDRESS</b> 5261 Laguna Royale Blvd. #301 <b>CITY-ST-ZIP</b> NAPLES, FL 34119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> ORLOVE, WILL <b>STREET ADDRESS</b> 574 LAGUAN ROYLE BLVE, #703 <b>CITY-ST-ZIP</b> NAPLES, FL 34119	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-22-04 235 352-5433 <small>Date Daytime Phone #</small>		