


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90065 033 ****61.25

DOCUMENT # N96000005739					
1. Entity Name LAGUNA POINTE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business SAN SIMEON WAY NORTH MIAMI BEACH, FL 33179 US			Mailing Address 11510 W. SAMPLE ROAD, #5 CORAL SPRINGS, FL 33065 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0733479	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RANDALL K. ROGER & ASSOCIATES, PA 621 NW 53 STREET #300 BOCA RATON, FL 33487			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P	NAME CATY, NATHALIE <input type="checkbox"/> Delete		TITLE P	NAME CATY, NATHALIE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 20824 SAN SIMEON WAY #102	CITY - ST - ZIP MIAMI, FL 33179		STREET ADDRESS 20243 N.W. 3RD AVENUE	CITY - ST - ZIP MIAMI GARDENS, FL 33169	
TITLE SD	NAME CATY, NATHALIE <input type="checkbox"/> Delete		TITLE 	NAME 	
STREET ADDRESS 20824 NE DAN SIMEON WAY	CITY - ST - ZIP NORTH MIAMI BEACH, FL 33179		STREET ADDRESS 	CITY - ST - ZIP 	
TITLE T	NAME DOMINGUEZ RAMOS, CARMEN <input type="checkbox"/> Delete		TITLE 	NAME 	
STREET ADDRESS 20822 SAN SIMEON WAY #108	CITY - ST - ZIP MIAMI, FL 33179		STREET ADDRESS 	CITY - ST - ZIP 	
TITLE S	NAME MEHNERT, MARTIN <input type="checkbox"/> Delete		TITLE 	NAME 	
STREET ADDRESS 20822 SAN SIMEON WAY #101	CITY - ST - ZIP MIAMI, FL 33179		STREET ADDRESS 	CITY - ST - ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY - ST - ZIP 		STREET ADDRESS 	CITY - ST - ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY - ST - ZIP 		STREET ADDRESS 	CITY - ST - ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>[Signature]</i> President Lg			Date: 5/1/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					