

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000003478**

1. Entity Name

LAGUNA PALMS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**311 W MAIN STREET
INVERNESS FL 34450**

Mailing Address

**311 W MAIN STREET
INVERNESS FL 34450**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**TWISS, KIM A
311 W MAIN STREET
INVERNESS FL 34450**

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	STEWART, TERRIANN	
STREET ADDRESS	9761 E. GOLDFINCH LN.	
CITY-ST-ZIP	INVERNESS FL 34450	

TITLE	D	<input type="checkbox"/> Delete
NAME	PRESTON, ANTHONY	
STREET ADDRESS	10550 E. AFP. CT.	
CITY-ST-ZIP	INVERNESS FL 34450	

TITLE	D	<input type="checkbox"/> Delete
NAME	PIPER, DAVID	
STREET ADDRESS	9723 E. GOLDFINCH LANE	
CITY-ST-ZIP	INVERNESS FL 34450	

TITLE	D	<input type="checkbox"/> Delete
NAME	SEAMAN, FRANK	
STREET ADDRESS	501 HIAWATHA AVE	
CITY-ST-ZIP	INVERNESS FL 34452	

TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDY, WARREN	
STREET ADDRESS	9805 E. GOLDFINCH LANE	
CITY-ST-ZIP	INVERNESS FL 34450	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90069 009 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)