

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90017 037 \*\*\*\*61.25

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TWISS, KIM A  
311 W MAIN STREET  
INVERNESS FL 34450

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida 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	FALABELLA, FRANK	
STREET ADDRESS	4701 E GOLDFINCH LN	
CITY-ST-ZIP	INVERNESS FL 34450	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**P** 4/19/04 #787 **D**

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 #