

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 19, 2004  
Secretary of State**

DOCUMENT# N03000006481

Entity Name: LAGUNA DEL SOL ASSOCIATION, INC.

**Current Principal Place of Business:**

310 SAN MARCO DR  
FT LAUDERDALE, FL 33301

**New Principal Place of Business:**

61 HENDRICKS ISLE  
FT LAUDERDALE, FL 33301

**Current Mailing Address:**

310 SAN MARCO DR  
FT LAUDERDALE, FL 33301

**New Mailing Address:**

61 HENDRICKS ISLE  
FT LAUDERDALE, FL 33301

FEI Number: 57-1181263

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ATRIA, JAMES V JR  
310 SAN MARCO DR  
FT LAUDERDALE, FL 33301

**Name and Address of New Registered Agent:**

ATRIA, JAMES V JR  
61 HENDRICKS ISLE  
FT LAUDERDALE, FL 33301

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: JAMES V ATRIA, JR

03/19/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ATRIA, JAMES V JR  
Address: 310 SAN MARCO DR  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: VD ( ) Delete  
Name: ATRIA, MICHAEL  
Address: 310 SAN MARCO DR  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: STD ( ) Delete  
Name: ATRIA, CAROL A  
Address: 310 SAN MARCO DR  
City-St-Zip: FT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ATRIA, JAMES V JR  
Address: 61 HENDRICKS ISLE  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: VD (X) Change ( ) Addition  
Name: ATRIA, MICHAEL  
Address: 61 HENDRICKS ISLE  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: STD (X) Change ( ) Addition  
Name: ATRIA, CAROL A  
Address: 61 HENDRICKS ISLE  
City-St-Zip: FT LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL A ATRIA

STD

03/19/2004

Electronic Signature of Signing Officer or Director

Date