2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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Entity Name: LAGUNA AT MISSION BAY ASSOCIATION, INC.

Current Principal Place of Business:

C/O CME MANAGEMENT GROUP
11419-A WEST PALMETTO PARK RD # 971112
BOCA RATON, FL 33428

Current Mailing Address:

C/O CME MANAGEMENT GROUP
11419-A WEST PALMETTO PARK RD # 971112
BOCA RATON, FL 33428 US

FEI Number: 59-2770455

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GAGLIANO, KAREN
955-N NORTHWEST 17TH AVE
DELARY BEACH, FL 33445 US

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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRES	Title	VP
Name	WISE, LORETTA	Name	DIESEL, LYNN
Address	C/O CME MANAGEMENT GROUP 11419-A WEST PALMETTO PARK RD # 971112	Address	C/O CME MANAGEMENT GROUP 11419-A WEST PALMETTO PARK RD # 971112
City-State-Zip:	BOCA RATON FL 33428	City-State-Zip:	BOCA RATON FL 33428
Title	TRES	Title	SECRETARY
Name	COHEN, STEVEN	Name	SEELEY, PETER
Address	C/O CME MANAGEMENT GROUP 11419-A WEST PALMETTO PARK RD # 971112	Address	C/O CME MANAGEMENT GROUP 11419-A WEST PALMETTO PARK RD # 971112
City-State-Zip:	BOCA RATON FL 33428	City-State-Zip:	BOCA RATON FL 33428
Title	DIRECTOR		
Name	LEVINE, FREDERICK		
Address	C/O CME MANAGEMENT GROUP 11419-A WEST PALMETTO PARK RD # 971112		
City-State-Zip:	BOCA RATON FL 33428		

I hereby 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 all other like empowered.

SIGNATURE: LORETTA WISE PRESIDENT 03/02/2014

Electronic Signature of Signing Officer/Director Detail — Date