

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732884 (2)

1. Corporation Name

LAGO DEL REY CONDOMINIUM, INC. 6

Principal Place of Business

**2700 FIORE WAY
DELRAY BEACH FL 33445**

Mailing Address

**2700 FIORE WAY
DELRAY BEACH FL 33445**



3. Date Incorporated or Qualified

05/29/1975

3a. Date of Last Report

04/21/1995

4. FFI Number

34-1190247

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONTI, NICHOLAS
2700 FIORE WAY, APT. 209
#203
DELRAY BEACH FL 33445**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CONTI, NICHOLAS	
STREET ADDRESS	2700 FIORE WAY 209	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ST.GERMAINE, BERNIE	
STREET ADDRESS	2700 FIORE WAY #111	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LUNDBERG, LENNY	
STREET ADDRESS	2700 FIORE WAY 203	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILHEADER, ED	
STREET ADDRESS	2700 FIORE WAY	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JULIANO, JOHN A	
STREET ADDRESS	2700 FIORE WAY, #101	
CITY-ST-ZIP	DELRAY BCH. FL 33445	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	PFEILSTICKER, CAROLE	
STREET ADDRESS	2700 FIORE WAY	
CITY-ST-ZIP	DELRAY BEACH FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nicholas Conti
3/13/96

(407)
274-3220

CR2E037 (12/95)