

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 25 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
2700 FIORE WAY 2700 FIORE WAY
DELRAY BEACH FL 33445 DELRAY BEACH FL 33445-8742

3. Date Incorporated or Qualified 05/29/1975 3a. Date of Last Report 04/05/1996

| | | | | | | | |
|--------------------------------|--|------------------------|--|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number 34-1190247 | | Applied For | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | | | Not Applicable | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip Country | | 28 Zip Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Zip Country | | 29 Zip Country | | 30 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

| | |
|---|----------------|
| 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

| | | |
|----------------|-----------------------|--|
| 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 | DS | <input checked="" type="checkbox"/> DELETE |
| NAME | PFEILSTICKER, CAROLE | |
| STREET ADDRESS | 2700 FIORE WAY | |
| CITY-ST-ZIP | DELRAY BEACH FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|------------------------|---|
| 1.1 TITLE | 1SD | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | ESKAN, DEBORAH | |
| 1.3 STREET ADDRESS | 2700 FIORE WAY | |
| 1.4 CITY-ST-ZIP | DELRAY BEACH, FL 33445 | |
| 2.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | ST. GERMAINE, BERNIE | |
| 2.3 STREET ADDRESS | 2700 FIORE WAY | |
| 2.4 CITY-ST-ZIP | DELRAY BEACH, FL 33445 | |
| 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Lennart A. Lundberg 4/14/97 561-772-5735

CR2E037 (9/96)