

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732884

1. Entity 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 33445-8742

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MANAGEMENT SERVICES
5011 N OCEAN BLVD
OCEAN RIDGE FL 33435

7. Name and Address of New Registered Agent

Name
MANAGEMENT SERVICES OF AMERICA, INC.
Street Address (P.O. Box Number is Not Acceptable)
639 E. OCEAN AVE.
Suite 204
City
BOYNTON BEACH FL Zip Code
33435

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.

SIGNATURE MANAGEMENT SERVICES OF AMERICA, INC.
by Kenneth E. Nagel, Vice-PRES
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

3/29/00
DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. 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	D	<input checked="" type="checkbox"/> Delete
NAME	MILHENDER, EDWARD	
STREET ADDRESS	2700 FIORE WAY #101	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MCCARTHY, CHARLES	
STREET ADDRESS	2700 FIORE WAY #104	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MILENZ, FRED	
STREET ADDRESS	2700 FIORE WAY #105	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BYRD, FRANCIS	
STREET ADDRESS	2700 FIORE WAY #211	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phil SAVARINO	
STREET ADDRESS	2700 FIORE WAY - # 102	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRED MLENZ	
STREET ADDRESS	2700 FIORE WAY - # 105	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCIS BIRD	
STREET ADDRESS	2700 FIORE WAY - # 211	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: NICHOLAS CONTI, President 3/30/00 (561) 272-4880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90082 010 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1190247
Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E037 (9/99)