

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 21, 2001 08:00 AM**
Secretary of State**DOCUMENT # 732884****1. Entity Name**
LAGO DEL REY CONDOMINIUM, INC. 6

Principal Place of Business 2700 FIORE WAY DELRAY BEACH 33445 FL	Mailing Address %MANAGEMENT SERVICES 639 E. OCEAN AVE #204 BOYNTON BEACH 33435 FL
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address C/O MANAGEMENT SERVICES OF AMERICA INC. Suite, Apt. #, etc. 639 E. OCEAN AVE., SUITE 204
--	---

City & State	City & State BOYNTON BEACH FL
-------------------------	--

Zip 33445	Country	Zip 33435	Country
---------------------	----------------	---------------------	----------------

4. FEI Number 34-1190247	Applied For <input type="checkbox"/> Not Applicable
---	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MANAGEMENT SERVICES 639 E. OCEAN AVE #204 BOYNTON BEACH 33435 FL
--

7. Name and Address of New Registered Agent Name VROUHAS PETER J 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 PETER J. VROUHAS <small>Signature, typed or printed name of registered agent and title if applicable.</small>	04/21/2001 <small>DATE</small>
--	--

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
---	--	------------------------------------	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	PD	04/21/2001 <small>Date</small>	<small>Telex Phone #</small>
--	-----------	--	------------------------------

CR2E037 (11/00)