

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2002 8:00 am  
Secretary of State

05-14-2002 90359 035 \*\*\*\*61.25

DOCUMENT # 732884

1. Entity Name

LAGO DEL REY CONDOMINIUM, INC. 6

Principal Place of Business

Mailing Address

2700 FIORE WAY  
TAY BEACH FL 33445  
2700 FIORE WAY  
OCEAN MANAGEMENT SERVICES OF AMERICA INC.  
639 E. OCEAN AVE. SUITE 204  
BOYNTON BEACH FL 33435

2. Principal Place of Business

3. Mailing Address

2700 FIORE WAY

% CCM

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach FL

City & State

Tamarac FL

Zip

33445

Country

USA

Zip

33321

Country

USA

4. FEI Number

34-1190247

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VROUHAS, PETER J  
639 E. OCEAN AVE.  
SUITE 204  
BOYNTON BEACH FL 33435

Name

James Miles

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

10034 W. McNab Road

City

Tamarac

FL

Zip Code 33321

8. The above named entity submits this statement of the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONTI, NICHOLAS 2700 FIORE WAY 209 DELRAY BEACH FL 33445	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAVARINO, PHIL 2700 FIORE WAY #101 DELRAY BEACH FL 33445	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MUENZ, FRED 2700 FIORE WAY #105 DELRAY BEACH FL 33445	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIRD, FRANCIS 2700 FIORE WAY #211 DELRAY BEACH FL 33445	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT AMLEIDA, DEAN 2700 FIORE WAY DELRAY BEACH FL 33445	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SUELLANA GORMAN 2700 FIORE WAY # 101 DELRAY BEACH FL 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D MARILYN ALFORD 2700 FIORE WAY # 203 DELRAY BEACH FL 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D AUDRY RODRIGUEZ 2700 FIORE WAY # 103 DELRAY BEACH FL 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D STEVEN KLINE 2700 FIORE WAY # 202 DELRAY BEACH FL 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIRLEY WOLFF 2700 FIORE WAY # 107 DELRAY BEACH FL 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAIA CIMENT 2700 FIORE WAY DELRAY BEACH FL 33445	<input checked="" 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SUELLANA GORMAN 4/25/01 561(330 3037)

CR2E037 (9/01)