



2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 732884 1. Entity Name LAGO DEL REY CONDOMINIUM, INC. 6						FILED 06 MAY -2 PM 3:00 STATE OF FLORIDA	
Principal Place of Business 2700 FIORE WAY DELRAY BEACH, FL 33445				Mailing Address C/O CCM 10034 W. MCNAB RD. TAMARAC, FL 33321			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address C/O FODGAN HINE & MURPHY MGMT. P.O. BOX 811160		 REIN-NP CR2E099 (11/05) 05-06			
City & State BOCA RATON, FL.		City & State BOCA RATON, FL.		4. FEI Number 34-1190247		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33481	Country U.S.A.	Zip 33481	Country U.S.A.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LEVINE, JAY STEVEN 2500 N MILITARY TRL. STE. 490 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name LAGUNA HINE & ASSOC. Street Address (P.O. Box Number is Not Acceptable) 621 NW 53 ST. SUITE 300 City BOCA RATON, FL. 33487			
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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE: <i>[Signature]</i> Pres. Randall K. Roger & Assoc., P.A. 4-24-06 <small>Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, AUDRY <input checked="" type="checkbox"/> Delete 2700 FIORE WAY, #103 DELRAY BEACH, FL 33445			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIELLE SARGENT 2700 FIORE WAY #101 DELRAY BEACH, FL 33445		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KLINE, STEVEN <input type="checkbox"/> Delete 2700 FIORE WAY, #112 DELRAY BEACH, FL 33445			TITLE NAME STREET ADDRESS CITY-ST-ZIP	300074337973 05/10/06--01022--009 **297.50		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFF, SHIRLEY <input checked="" type="checkbox"/> Delete 2700 FIORE WAY, #107 DELRAY BEACH, FL 33445			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JULIANO, JOYNA 2700 FIORE WAY #115 DELRAY BEACH, FL 33445		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MURPHY, LYNNE <input type="checkbox"/> Delete 2700 FIORE WAY, #202 DELRAY BEACH, FL 33445			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFF, SHIRLEY <input checked="" type="checkbox"/> Delete 10034 W MCNAB RD TAMARAC, FL 33321			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRACE, CAROL 2700 FIORE WAY #105 DELRAY BEACH, FL 33445		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORPHY, LYNNE <input checked="" type="checkbox"/> Delete 10034 W MCNAB RD TAMARAC, FL 33321			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>[Signature]</i>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i> 4-17-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							