

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0033818

DOCUMENT # 732884

1. Entity Name

LAGO DEL REY CONDOMINIUM, INC. 6



FILED

03 MAY -1 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

MILLER, JAMES  
10034 W. MCNAB RD.  
TAMARAC FL 33321

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

600017845646

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FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GORMANOVA, SUELTANA	
STREET ADDRESS	2700 FIORE WAY #101	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ALFORD, MARILYN	
STREET ADDRESS	2700 FIORE WAY #203	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	DS	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, AUDRY	
STREET ADDRESS	2700 FIORE WAY #103	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KLINE, STEVEN	
STREET ADDRESS	2700 FIORE WAY #212	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOLFF, SHIRLEY	
STREET ADDRESS	2700 FIORE WAY #107	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OLMENT, SAIA	
STREET ADDRESS	2700 FIORE WAY	
CITY-ST-ZIP	DELRAY BEACH FL 33445	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAUERINO, FEDELE	
STREET ADDRESS	10034 W MCNAB RD	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORMANOVA, SUELTANA	
STREET ADDRESS	10034 W MCNAB RD	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rodriguez, Audry	
STREET ADDRESS	10034 W MCNAB RD	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLINE, STEVEN	
STREET ADDRESS	10034 W MCNAB RD	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFF, SHIRLEY	
STREET ADDRESS	10034 W MCNAB RD	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORPHY, Lynne	
STREET ADDRESS	10034 W MCNAB RD	
CITY-ST-ZIP	TAMARAC, FL 33321	

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:

SUELTANA GORMANOVA

4/7/03

(501) 330 3037

CR2E037 (10/02)