

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 739885 (2)
 1. Corporation Name
LAGO DEL REY CONDOMINIUM, INC. 8



Principal Place of Business 856 LAGO RD. DELRAY BEACH FL 33445 US	Mailing Address 856 LAGO RD. DELRAY BEACH FL 33445 US
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3. Date Incorporated or Qualified
08/11/1977

4. FEI Number
59-1790587

Applied For	Not Applicable
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2. Principal Place of Business 21 <i>above</i>	2a. Mailing Address 26 <i>above</i>
Suite, Apt. #, etc. <input checked="" type="checkbox"/>	Suite, Apt. #, etc. <input checked="" type="checkbox"/>
City & State <input checked="" type="checkbox"/>	City & State <input checked="" type="checkbox"/>
Zip <input checked="" type="checkbox"/> Country <input checked="" type="checkbox"/>	Zip <input checked="" type="checkbox"/> Country <input checked="" type="checkbox"/>

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

COHEN, NATHAN
856 LAGO ROAD
DELRAY BEACH, FL
33445

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Nathan Cohen* *Irving Holtzman* *Jan Johnson* *1/5/98*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, NAT	1.2 NAME	
STREET ADDRESS	856 LAGO ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH, FL 00000	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLTZMAN, IRVING	2.2 NAME	
STREET ADDRESS	860 LAGO ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH, FL 00000	2.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JAN	3.2 NAME	
STREET ADDRESS	840 LAGO RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changing, or on an attachment with an address.

SIGNATURE: *Nathan Cohen* *Irving Holtzman* *Jan Johnson* *1/5/98* *561-278-8637*
Signature, typed or printed name of signing officer or director Date Florida Phone #

CR2E037 (10/97)