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Feb 21, 1999 8:00 am  
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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 739885

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 ABOVE

08/11/1977

22 City & State

27 City & State

4. FEI Number  
59-1790587

Applied For  
Not Applicable

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COHEN, NATHAN  
856 LAGO ROAD  
DELRAY BEACH, FL  
33445

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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*

1/6/99

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  DELETE  
NAME COHEN, NAT  
STREET ADDRESS 856 LAGO ROAD  
CITY-ST-ZIP DELRAY BEACH, FL 00000 33445

1.1 TITLE  Change  Addition  
1.2 NAME PD  
1.3 STREET ADDRESS LUCAS, GLENN  
1.4 CITY-ST-ZIP 844 LAGO RD  
DELRAY BEACH, FL. 33445

TITLE VD  DELETE  
NAME HOLTZMAN, IRVING  
STREET ADDRESS 860 LAGO ROAD  
CITY-ST-ZIP DELRAY BEACH, FL 00000 33445

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE PD  DELETE  
NAME JOHNSON, JAN  
STREET ADDRESS ~~844 LAGO RD.~~  
CITY-ST-ZIP ~~DELRAY BEACH FL 33445~~

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Nathan Cohen* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99

Date

861-778-8637

Daytime Phone #

CR2E037 (11/98)