2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 11, 2001 8:00 am Secretary of State 01-11-2001 90013 001 ****61.25 **DOCUMENT # 739885** LAGO DEL REY CONDOMINIUM, INC. 8 Principal Place of Business Mailing Address 856 LAGO RD. 856 LAGO RD. 00001640 DELRAY BEACH FL 33445 **DELRAY BEACH FL 33445** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 59-1790587 Not Applicable \$8,75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) COHEN, NATHAN 856 LAGO ROAD **DELRAY BEACH FL 33445** 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. Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be П Department of State Trust Fund Contribution. FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Addition TD ☐ Delete TITLE TITLE COHEN, NAT NAME NAME 844 LAGO ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33445** CITY-ST-7IP ☐ Addition ☐ Change TITI F ☐ Delete HOLTZMAN, IRVING NAME NAME 860 LAGO ROAD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33445** ☐ Change Addition ☐ Delete TITLE TITLE JOHNSON, JAN NAME NAME STREET ADDRESS 840 LAGO RD. STREET ADDRESS DELRAY BEACH FL CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

☐ Delete

☐ Change

☐ Addition

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CR2E037 (10/00)