


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91043 025 ****61.25

DOCUMENT # 739885
 1. Entity Name
LAGO DEL REY CONDOMINIUM, INC. 8




Principal Place of Business Mailing Address
14913 SUMMER SONG LN DELRAY BEACH FL 33484 US **14913 SUMMER SONG LN DELRAY BEACH FL 33484 US**

2. Principal Place of Business 3. Mailing Address
832 Lago Road → SAME
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Delray Bch FL **Delray Bch FL**

City & State City & State
33445 USA **USA**

Zip Country Zip Country
33445 USA **33445 USA**



MOORE CR2E037 (11/03)
 4. FEI Number **59-1790587** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LUKAS, GLENN
14913 SUMMER SONG LN
DELRAY BEACH FL 33484

7. Name and Address of New Registered Agent
 Name **Paulette Bertorello**
 Street Address (P.O. Box Number is Not Acceptable)
832 Lago Road
 City **Delray Beach FL** Zip Code **33445**

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  **Paulette Bertorello** DATE **3/6/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HELLER, MANNY 852 LAGO RD DELRAY BEACH FL 33445	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, JAN 840 LAGO ROAD DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD LUKAS, GLENN 14913 SUMMER SONG LN DELRAY BEACH FL 33484	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD Paulette Bertorello 832 Lago Road Delray Beach FL 33445	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO Richard Singgoge 832 Lago Rd. Delray Bch FL 33445	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Claire Heller - SD 852 Lago Rd Delray Bch FL 33445	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **4-26-04** **561-278-0605**
Signature and typed or printed name of signing officer or director Date Daytime Phone #