


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 18, 2005 8:00 am**  
**Secretary of State**

05-18-2005 90024 043 \*\*\*\*61.25

<b>DOCUMENT # 739885</b>	
1. Entity Name LAGO DEL REY CONDOMINIUM, INC. 8	

Principal Place of Business 832 LAGO ROAD DELRAY BEACH FL 33445 US	Mailing Address 832 LAGO ROAD DELRAY BEACH FL 33445 US
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2. Principal Place of Business <i>832 LAGO RD.</i>	3. Mailing Address <i>832 LAGO RD</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number <b>59-1790587</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent <b>BERTOCELLO, PAULETTE</b> 832 LAGO ROAD DELRAY BEACH FL 33445		7. Name and Address of New Registered Agent	
		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]* *Paulette Bertorello / Treas.* DATE *4/25/05*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HELLER, MANNY			NAME			
STREET ADDRESS	852 LAGO RD			STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 33445			CITY-ST-ZIP			
TITLE	TSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERTORELLO, PAULETTE			NAME			
STREET ADDRESS	832 LAGO ROAD			STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 33445			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SINGOBBE, RICHARD			NAME			
STREET ADDRESS	828 LAGO RD			STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 33445			CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HELLER, CLAIRE			NAME			
STREET ADDRESS	852 LAGO RD			STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 33445			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 of 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: *[Signature]* *Treas.* *4/25/05* *5d-2R-0399*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #