


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 25 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 739886 (0)**

1. Corporation Name  
**LAGO DEL REY CONDOMINIUM, INC. 1**



Principal Place of Business		Mailing Address	
2737 ZORNO WAY DELRAY BCH FL 33445 US		2737 ZORNO WAY DELRAY BCH FL 33445 US	
21	2. Principal Place of Business	26	2a. Mailing Address
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22	22	27	27
	City & State		City & State
23	23	28	28
	Zip		Zip
	Country		Country
24	24	29	29

3.	Date Incorporated or Qualified	08/11/1977
4.	FEI Number	59-1790584
	Applied For	<input type="checkbox"/> Not Applicable
5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7.	Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8.	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**PERCIVAL, FRANCES B**  
2737 ZORNO WAY  
DELRAY BCH FL 33445

10. Name and Address of New Registered Agent

81	Name	HUCKABY, JANET
82	Street Address (P.O. Box Number is Not Acceptable)	7187 Thompson Rd
83		
84	City	Lantana
	State	FL
85	Zip Code	33462

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: *Janet Huckaby* DATE: 3-8-98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RACKMEYER, GEORGE	1.2 NAME	
STREET ADDRESS	2725 ZORNO WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL 33445	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERCIVAL, FRANCES B	2.2 NAME	WOLFF, SHIRLEY
STREET ADDRESS	2737 ZORNO WAY	2.3 STREET ADDRESS	2741 Zorno Way
CITY-ST-ZIP	DELRAY BCH FL 33445	2.4 CITY-ST-ZIP	Delray Beach, FL 33445
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELLILO, JOHN	3.2 NAME	HUTTON, FANNIE
STREET ADDRESS	2709 ZORNO WAY	3.3 STREET ADDRESS	2709 Zorno Way
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	Delray Beach, FL 33445
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERCIVAL, FRANCES B	4.2 NAME	WOLOVITS, ELIZABETH
STREET ADDRESS	2737 ZORNO WAY	4.3 STREET ADDRESS	2713 Zorno Way
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	Delray Beach, FL 33445
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LOUISE	5.2 NAME	
STREET ADDRESS	2621 ZORNO WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL 33445	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESSELBAUM, NATALIE	6.2 NAME	LESSELBAUM, NATALIE
STREET ADDRESS	2701 ZORNO WAY	6.3 STREET ADDRESS	2701 Zorno Way
CITY-ST-ZIP	DELRAY BCH FL 33445	6.4 CITY-ST-ZIP	Delray Beach, FL 33445

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.

SIGNATURE: *Fannie Hutton* DATE: 3-8-98 (56) 965-4486

CR2E037 (1097)