

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90016 034 \*\*\*\*61.25

**DOCUMENT # 754450**  
 1. Entity Name  
**INTERNATIONAL LAKE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
 12239 SW 24 TERRACE      400 SW 107TH AVE., SUITE 312  
 MIAMI, FL 33174 US      MIAMI, FL 33174 US

64001000

**DO NOT WRITE IN THIS SPACE**



03142004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2430087	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 DELGADO, EDUARDO  
 12239 SW 24 TERRACE  
 MIAMI, FL 33175

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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]*      DATE: 4/6/2004

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

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELGADO, EDUARDO 12239 SW 24 TERRACE MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ORTIZ, HENRY 12217 SW 24 TERRACE MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BALDOQUIN, ENRIQUE 12249 SW TERRACE MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SUAREZ, AMAURI 2200 SW 122 AVE. MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICO, FRANCISCO 12219 SW 24 TERRACE MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *[Signature]* **EdUARdo Delgado**      Date: 4/6/04      Daytime Phone #: (305) 220-5684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR