
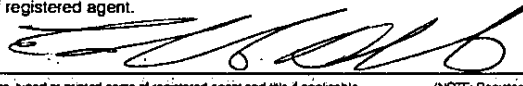
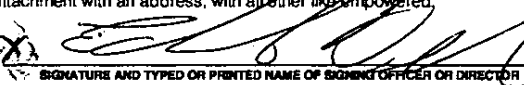


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90297 049 ****61.25

DOCUMENT # 754450					
1. Entity Name INTERNATIONAL LAKE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 12239 SW 24 TERRACE MIAMI, FL 33174 US		Mailing Address 400 SW 107TH AVE., SUITE 312 MIAMI, FL 33174 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2430087	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DELGADO, EDUARDO 12239 SW 24 TERRACE MIAMI, FL 33175			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: 				DATE: 4/12/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
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	DELGADO, EDUARDO		NAME		
STREET ADDRESS	12239 SW 24 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ORTIZ, HENRY		NAME	VP- Amauri Suarez	
STREET ADDRESS	12217 SW 24 TERRACE		STREET ADDRESS	2200 S.W. 122 Ave.	
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP	Miami, FL 33175	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BALDOQUIN, ENRIQUE		NAME		
STREET ADDRESS	12249 SW TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUAREZ, AMAURI		NAME	SD Francisco Pico	
STREET ADDRESS	2200 SW 122 AVE.		STREET ADDRESS	12219 S.W. 24 Terrace	
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP	Miami, FL 33175	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PICO, FRANCISCO		NAME	Emilio Ham	
STREET ADDRESS	12219 SW 24 TERRACE		STREET ADDRESS	12221 S.W. 24 Terrace	
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP	Miami, FL 33175	
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 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: 		Eduardo Delgado		Date: 4/12/05 (305) 220-5684	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	