
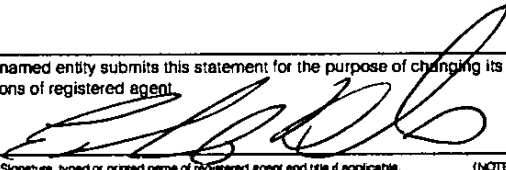
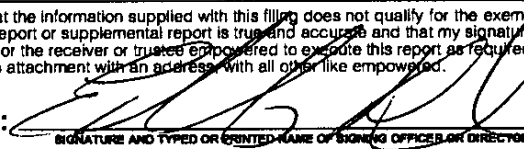


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90383 024 ****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
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 <u>4/11/2006</u>	
Filing Fee is \$61.25 Due by May 1, 2006				8. 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	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VP/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, AMAURI		NAME	EMILIO HAM	
STREET ADDRESS	2200 SW 122 AVE		STREET ADDRESS	12221 S.W. 24 Terrace	
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 type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICO, FRANCISCO		NAME		
STREET ADDRESS	12219 SW 24TH TERR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAM, EMILIO		NAME	OLGA PEREZ	
STREET ADDRESS	12221 SW 24TH TERR		STREET ADDRESS	12211 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 exemptions contained in Chapter 119, 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: 				DATE <u>4/11/2006</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <u>(305) 220-5684</u>	