FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27883 (0)

1. Corporation Name

LAGO DEL REY CONDOMINIUM, INC. 10

Principal Place of Business	Mailing Address
2901 FIORE WAY DELRAY BEACH FL 33445	2901 FIORE WAY DELRAY BEACH FL 33445

3. Date Incorporated or Qualified: 08/16/1988
3a. Date of Last Report: 03/22/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 65-0069522 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GARLEN, RICHARD
1125 NW 19TH TERRACE
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	BLOCK, MARIAN		1.2 NAME		
STREET ADDRESS	2901 FIORE WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	PD	☐ Change ☒ Addition
NAME	SEMENZA, CONNIE		2.2 NAME	IMMERMAN, FRANCES	
STREET ADDRESS	2901 FIORE WAY		2.3 STREET ADDRESS	2901 Fiore Way	
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LEWIS, MELVIN		3.2 NAME		
STREET ADDRESS	2901 FIORE WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		3.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	GARLEN, RICHARD		4.2 NAME	MABREY, MIRIAM	
STREET ADDRESS	1125 NW 19TH TERRACE		4.3 STREET ADDRESS	2901 Fiore Way	
CITY-ST-ZIP	DELRAY BEACH FL		4.4 CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	SMITH, DORIS	
STREET ADDRESS			5.3 STREET ADDRESS	2901 Fiore Way	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Frances Immerman 2/26/96 407-278-5449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Frances Immerman, President