FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

101

1. Corporation Name				
LAGO DEL REY CONDOMINIUM, INC. 10				
LAGO DEL TIET COMPONINTONI, 1110, 10				A LOGISLAT OND EXON LACED THE OT AREA THE ONES DIGIT STORE BRAIN ORDER DIGIT.
Principal Place of Business		Mailing Address		((Bettid) die tiell innen inter iftige titl dielt etell titli fiell fielt idt.
		2901 FIORE WAY		3. Date Incorporated or Qualified
DELRAY BEACH FL 33445		DELRAY BEACH FL 33445		08/16/1988
				4. FEI Number Applied For
				65-0069522 Not Applicable
2. Principal Place of Business		2a. Malling Address 2b Association Management		5. Certificate of Status Desired S8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc. Group		
22		27 7187 Thompson Road		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?
23		28 Lantana, Florida		☑ Yes ☐ No
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	26	33462	30 USA	Personal Property Tax due June 30. XX Yes No
	9. Name and Address of Curre	nt Hegistered Agent	81 Name	10. Name and Address of New Registered Agent
H			HUCKABY, JANET	
IMMERMAN, FRANCES			82 Street A	oddress (P.O. Box Number is Not Acceptable) 7 Thompson Road
2901 FLORE WAY DELRAY BEACH FL 33445			83	/ Indiipson Koau
]				
			84 City	Lantana 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				
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 Warkatu)				
12.	Signature, type of printed name of registered a	gent and title if applicable. (NOTE ND DIRECTORS	Registered Agent signature i	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VD OFFICERS AI	DELETE	1.1 TITLE	D XX Change
NAME	BLOCK, MARIAN		1,2 NAME	BLOCK, MARIAN
STREET ADORESS	2901 FIORE WAY		1.3 STREET ADDRESS	2901 Fiore Way
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY - ST - ZIP	Delray Beach, FL 33445
TITLE	PD	☐ DELETE	2.1 TITLE	V/D XX Change Addition
NAME	IMMERMAN, FRANCES		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	STD	☐ DELETE	3.1 TITLE	P/D XX Change Addition
NAME	SEMENZA, CONNIE		3.2 NAME	SEMENZA, CONSTANCE
STREET ADDRESS	2901 FLORE WAY DELRAY BEACH FL		3.3 STREET ADDRESS	2901 Fiore Way Delray Beach, FL 33445
CITY-ST-ZIP TITLE	D DECIMI DEMONITE	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	
NAME	MABREY, MIRIAM		4. 2 NAME	S/T/D ****Change L_I Addition MABREY, MIRIAM
STREET ADDRESS	2901 FIORE WAY		4.3 STREET ADDRESS	2901 Fiore Way
CITY-ST-ZIP	DELRAY BEACH FL		4.4 CITY-ST-ZIP	Delray Beach, FL 33445
TITLE	D	DELETE	5.1 TITLE	Change Addition
NAME	HARTFORD, HARRY		5.2 NAME	
STREET ADDRESS	2901 FLORE WAY		5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL		5.4 CITY-ST-ZIP	
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	

14. Thereby 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:

3/17/95

56/-2 Y 3 -06.51

SIGNATURE:

FILED

Mar 24 1998 8:00am

Secretary of State