

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90128 036 ****61.25

DOCUMENT # N27883
 1. Entity Name
LAGO DEL REY CONDOMINIUM, INC. 10

| | |
|--|---|
| Principal Place of Business 2901 FIORE WAY DELRAY BEACH FL 33445 | Mailing Address ASSOCIATION MANAGEMENT 7187 THOMPSON RD BOYNTON BEACH FL 33426 US |
|--|---|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



Management Services
OF AMERICA, INCORPORATED

DO NOT WRITE IN THIS SPACE

| | | |
|--------------|---------------|---|
| City & State | 4. FEI Number | Applied For |
| City & State | 65-0069522 | Not Applicable |
| Zip | Country | 5. Certificate of Status Desired |
| 33435 | PBC | <input type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

HUCKABY, JANET
7187 THOMPSON RD
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name: **JANET HUCKABY**
 Street Address: **Management Services**
OF AMERICA, INCORPORATED
 City: **639 East Ocean Avenue, Suite 204**
Boynton Beach, Florida 33435 FL Zip Code: **33435**

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.

SIGNATURE: *Janet Huckaby* DATE: **3-12-02**

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD SMITH, DORIS 2901 FIORE WAY #101 DELRAY BEACH FL 33445 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD IMMERMAN, FRANCES 2901 FIORE WAY #103 DELRAY BEACH FL 33445 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD THREM, LENORE 2901 FIORE WAY #204 DELRAY BEACH FL 33445 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Janet Huckaby* DATE: **3-12-02 (561) 752-9922**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)