

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27883

FILED  
Apr 10, 2006  
Secretary of State

Entity Name: LAGO DEL REY CONDOMINIUM, INC. 10

**Current Principal Place of Business:**

2901 FIORE WAY  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

2200 N. FEDERAL HWY  
212  
BOCA RATON, FL 33431

**Current Mailing Address:**

MANAGEMENT SERVICE  
639 EAST OCEAN AVE STE 204  
BOYNTON BEACH, FL 33435 US

**New Mailing Address:**

PALM BEACH PROPERTY MGT.  
2200 N. FEDERAL HWY, #212  
BOCA RATON, FL 33431 US

FEI Number: 65-0069522

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HUCKABY, JANET  
639 EAST ORANGE AVE STE 204  
BOYNTON BEACH, FL 33435 US

**Name and Address of New Registered Agent:**

PLAZURE, LENNIE  
2200 N. FEDERAL HWY.  
212  
BOCA RATON, FL 33431 US

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: LENNIE PLAZURE

04/10/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD (X) Delete  
Name: IMMERMANN, FRANCES  
Address: 2901 FIORE WAY #103  
City-St-Zip: DELRAY BEACH, FL 33445

Title: VPD ( ) Delete  
Name: SMITH, DORRIS  
Address: 2901 FIORE WAY #101  
City-St-Zip: DELRAY BEACH, FL 33445

Title: D ( ) Delete  
Name: SPINDEL, JODI  
Address: 2901 FIORE WAY 205  
City-St-Zip: DELRAY BEACH, FL 33445

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: SMITH, DORRIS  
Address: 2901 FIORE WAY #101  
City-St-Zip: DELRAY BEACH, FL 33445

Title: PD (X) Change ( ) Addition  
Name: SPINDEL, JODI  
Address: 2901 FIORE WAY 205  
City-St-Zip: DELRAY BEACH, FL 33445

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JODI SPINDEL

P

04/10/2006

Electronic Signature of Signing Officer or Director

Date