


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90164 002 \*\*\*\*61.25

DOCUMENT # N27883			
1. Entity Name LAGO DEL REY CONDOMINIUM, INC. 10			
Principal Place of Business <del>2200 N. FEDERAL HWY</del> <del>212</del> <del>BOCA RATON, FL 33431</del>		Mailing Address PALM BEACH PROPERTY MGT. <del>2200 N. FEDERAL HWY, #212</del> <del>BOCA RATON, FL 33431 US</del>	
2. Principal Place of Business - No P.O. Box # 9323 NW 53 <sup>RD</sup> ST.		3. Mailing Address P.O. BOX 50373	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SUNRISE, FL.		City & State Lighthouse Point, FL	
Zip 33351	Country USA	Zip 33074	Country
6. Name and Address of Current Registered Agent <del>PLAZURE, LENNIE</del> <del>2200 N. FEDERAL HWY.</del> <del>212</del> <del>BOCA RATON, FL 33431</del>		7. Name and Address of New Registered Agent Name <u>WILBERT E. HERNANDEZ</u> Street Address (P.O. Box Number is Not Acceptable) <u>9323 NW 53<sup>RD</sup> ST.</u> City <u>SUNRISE</u> FL Zip Code <u>33351</u>	
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 <u><i>Wilbert E. Hernandez</i></u>		DATE <u>4/28/2008</u>	
Filing Fee is \$61.25 Due by May 1, 2008		9. 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 NAME STREET ADDRESS CITY-ST-ZIP	DS SMITH, DORRIS 2901 FIORE WAY #101 DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILBERT HERNANDEZ 9323 NW 53 <sup>RD</sup> ST. SUNRISE, FL. 33351 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPINDEL, JODI 2901 FIORE WAY 205 DELRAY BEACH, FL 33445 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SUZANNE ROLLARD 2901 FIORE WAY #106 DELRAY BEACH, FL. 33445 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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: <u><i>Doris Smith</i></u>		Date <u>4-25-08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	

60034200



04232008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0069522 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required