2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mar 10, 2003 8:00 am Secretary of State **DOCUMENT # N27883** 1. Entity Name 03-10-2003 90726 035 ****61.25 LAGO DEL REY CONDOMINIUM, INC. 10 Principal Place of Business Mailing Address 2901 FIORE WAY MANAGEMENT SERVICE -DELRAY BEACH FL 33445 639 EAST OCEAN AVE STE 204 BOYNTON BEACH FL 33435 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0069522 Applied For Zip Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUCKABY, JANET Street Address (P.O. Box Number is Not Acceptable) 639 EAST ORANGE AVE STE 204 **BOYNTON BEACH FL 33435** City Zip Code 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 VPD TITLE Delete TITLE SMITH, DORIS Addition NAME Wilber Hernandez NAME 2901 FIORE WAY #101 STREET ADDRESS STREET ADDRESS 2901 Flore way #105 CITY-ST-ZIP **DELRAY BEACH FL 33445** CITY-ST-7IP Delray Beach, FL 33445 TITLE ☐ Delete TITLE IMMERMAN, FRANCES ☐ Change ☐ Addition NAME 2901 FIORE WAY #103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33445 CITY-ST-ZIP STD TITLE ☐ Delete TITLE THREM, LENORE ☐ Change NAME ☐ Addition NAME STREET ADDRESS 2901 FIORE WAY #204 STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33445** CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP TITLE ☐ Delete TITLE ☐ Change NAME Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME □ Change ☐ Addition NAME

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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIFRAN IMMERM

FILED