


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jun 19 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT #** N35072  
 1. Corporation Name  
**LAGO DEL REY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business: **C/O Roberts Management & Realty Co., Inc.**  
 Mailing Address: **1840 N.E. 153rd Street N.M.B. FL 33162**

2. Principal Place of Business: **Roberts Management**  
 2a. Mailing Address: **1840 N.E. 153rd Street**  
 21. Suite, Apt. #, etc.  
 22. City & State: **N.M.B. FL**  
 23. Zip: **33162**  
 24. Country

3. Date Incorporated or Qualified  
 3a. Date of Last Report  
 4. FEI Number: **65-0194392**  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**Guarantee Management**  
**111 Fountain Blue Boulevard**  
**Miami, FL 33172**

10. Name and Address of New Registered Agent  
 81. Name: **Roberts Management & Realty Co., Inc.**  
 82. Street Address (P.O. Box Number is Not Acceptable): **1840 N.E. 153rd Street**  
 83.  
 84. City: **N.M.B.** FL 85. Zip Code: **33162**

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: *[Signature]* **MERRILL SPIVAK**  
 (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	Pres	John Ruiz	<input type="checkbox"/> DELETE
NAME	D	6960 N.W. 173rd Drive #704	
STREET ADDRESS		Miami, FL 33015	
CITY-ST-ZIP			
TITLE	V.P.	Robert Hemp	<input type="checkbox"/> DELETE
NAME	D	6990 N.W. 173rd Drive #2004	
STREET ADDRESS		Miami, FL 33015	
CITY-ST-ZIP			
TITLE	Treas.	Ray Puig	<input type="checkbox"/> DELETE
NAME	D	6920 N.W. 173rd Drive #904	
STREET ADDRESS		Miami, FL 33015	
CITY-ST-ZIP			
TITLE	Sec.	Diane C. Gidus	<input type="checkbox"/> DELETE
NAME		7030 N.W. 173rd Drive #1603	
STREET ADDRESS		Miami, FL 33015	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**500002217725**  
**-06/20/97-01002-031**  
**\*\*\*61.25**

14. I do 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 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: *[Signature]* **RONALDO PUIG** **4/24/97** **947-3999**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)