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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N35072

1. Corporation Name

LAGO DEL REY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

ROBERTS MANAGEMENT & REALTY CO., INC. MIAMI FL 33172

Mailing Address

1840 N.E. 153RD STREET N.M.B. FL 33162



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/07/1989

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number 65-0194392

Applied For Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

29 Zip 30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERTS MANAGEMENT & REALTY CO., INC. 1840 N.E. 153RD STREET N.M.B. FL 33162

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PD RIJZ, JOHN 6960 N.W. 173RD DRIVE #704 MIAMI FL 33015

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

VPD HEMP, ROBERT 6990 N.W. 173RD DRIVE #2004 MIAMI FL 33015

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

TD PUIG, RAY 6920 N.W. 173RD DRIVE #904 MIAMI FL 33015

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

S GIDUS, DIANE 7030 NW 173 DRIVE MIAMI FL 33015

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

D PUIG, HECTOR 7020 NW 173RD DR #503 MIAMI FL

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

DELETED

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 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, with a 1 other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/26/99

(305)947-3449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)