

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State
 05-19-2000 90080 049 ****61.25

DOCUMENT # N35072

1. Entity Name

LAGO DEL REY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

1840 N.E. 153RD STREET
N.M.B. FL 33162-6044



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0194392

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **RIJZ, JOHN**
 STREET ADDRESS **6960 N.W. 173RD DRIVE #704**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE **DV** Change Addition
 NAME **MIGUEL DOTTA**
 STREET ADDRESS **7030 NW 173 BL**
 CITY-ST-ZIP **MIAMI, FL 33015**

TITLE **VPD** Delete
 NAME **HEMP, ROBERT**
 STREET ADDRESS **6990 N.W. 173RD DRIVE #2004**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE **DP** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **PUIG, RAY**
 STREET ADDRESS **6920 N.W. 173RD DRIVE #904**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE **D** Change Addition
 NAME **JOSE HUGUERE**
 STREET ADDRESS **6490 NW 173 BL.**
 CITY-ST-ZIP **MIAMI, FL 33015**

TITLE **S** Delete
 NAME **GIDUS, DIANE**
 STREET ADDRESS **7030 NW 173 DRIVE**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **PUIG, HECTOR**
 STREET ADDRESS **7020 NW 173RD DR #503**
 CITY-ST-ZIP **MIAMI FL**

TITLE **DS** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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: *Signature of HECTOR PUIG* PAGES 4/28/00 (305) 947-3999
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)