


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

02-25-2004 90027 023 ****61.25

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




Principal Place of Business Mailing Address
ROBERTS MANAGEMENT & REALTY CO., INC **1840 N.E. 153RD STREET**
MIAMI FL 33172 **N.M.B. FL 33162**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

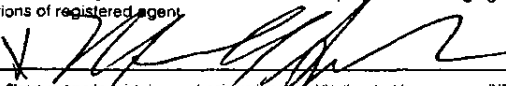
6. Name and Address of Current Registered Agent
ROBERTS MANAGEMENT
1840 N.E. 153RD STREET
N.M.B. FL 33162

MOORE CR2E037 (11/03)



4. FEI Number **65-0194392** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE  DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PUIG, HECTOR	
STREET ADDRESS	7020 NW 173RD DR #503	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NAJARA, SARA	
STREET ADDRESS	6990 NW 173 DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PUIG, REINALDO	
STREET ADDRESS	63290 NW 173RD DR 903	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RESTREPO, CELMIRA	
STREET ADDRESS	7050 NW 173RD DR #401	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUGUEZ, JOSE	
STREET ADDRESS	639 NW 173 DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diane Guidus	
STREET ADDRESS	7030 NW 173 DR	
CITY-ST-ZIP	Miami, FL., DR.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE Daytime Phone #