

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739885

**Entity Name:** LAGO DEL REY CONDOMINIUM, INC. 8

**FILED**  
**Jan 25, 2022**  
**Secretary of State**  
**3053057345CC**

**Current Principal Place of Business:**

C/O LIVE FLORIDA PROPERTY GROUP  
1645 PALM BEACH LAKES BLVD SUITE 1200  
WEST PALM BEACH , FL 33401

**Current Mailing Address:**

C/O LIVE FLORIDA PROPERTY GROUP  
1645 PALM BEACH LAKES BLVD SUITE 1200  
WEST PALM BEACH , FL 33401 US

**FEI Number:** 59-1790587

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CASACELI, TINA  
C/O LIVE FLORIDA PROPERTY GROUP  
1645 PALM BEACH LAKES BLVD SUITE 1200  
WEST PALM BEACH , FL 33401 US

*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:** TINA CASACELI

01/25/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           KOUYATE, MAXIME  
Address        C/O LIVE FLORIDA PROPERTY  
                  GROUP  
                  1645 PALM BEACH LAKES BLVD  
                  SUITE 1200  
City-State-Zip: WEST PALM BEACH FL 33401

Title           SECRETARY  
Name           SIVIGNY, JULIE  
Address        C/O LIVE FLORIDA PROPERTY  
                  GROUP  
                  1645 PALM BEACH LAKES BLVD  
                  SUITE 1200  
City-State-Zip: WEST PALM BEACH FL 33401

Title           PRESIDENT  
Name           FALLIS, GARY  
Address        C/O LIVE FLORIDA PROPERTY  
                  GROUP  
                  1645 PALM BEACH LAKES BLVD  
                  SUITE 1200  
City-State-Zip: WEST PALM BEACH FL 33401

Title           VP  
Name           ACEVEDO, JULIO  
Address        C/O LIVE FLORIDA PROPERTY  
                  GROUP  
                  1645 PALM BEACH LAKES BLVD  
                  SUITE 1200  
City-State-Zip: WEST PALM BEACH FL 33401

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GARY FALLIS

**PRESIDENT**

01/25/2022

Electronic Signature of Signing Officer/Director Detail

Date