## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

LAGO DEL REY CONDOMINIUM, INC. 9

Principal Plac	ce of Business	Mailing Address	Mailing Address			r sogist sodio tidid ikist sodii dalar bist didit didit dibit didit didit didit
2600 FIOREWAY #201 DELRAY BEACH FL 33445-4537		2600 FIOREWAY #201 DELRAY BEACH FL 33445-4537				3. Date Incorporated or Qualified 05/17/1974
						4. FEI Number Applied For Not Applied Solution
2. Principal F	2. Principal Place of Business 2a. Mailin					- 60.75
21		26				5. Certificate of Status Desired Fee Required
Suite, Apt		Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State				7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Zip Country			8. This corporation owes or has pald the current year Intangible
24	26	29	30			Personal Property Tax due June 30. Yes No
	9. Name and Address of Curr	ent Registered Agent		L.,		10. Name and Address of New Registered Agent
İ				81	Name	
	DS, LARRY		82 Street Add		Street A	Address (P.O. Box Number is Not Acceptable)
	ORE WAY			83		
#201 DELDAY	BEACH EL DOADE			63		
DELRAY BEACH FL 33435				84	City	85 Zip Code
11. Pursuant	11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the				-named	corporation submits this statement for the purpose of changing its registered
office or a	registered agent, or both, in the Sta am familiar with, and accept the obl	ite of Florida, Such change wa	as authorize	d by	the corp	poration's board of directors. I hereby accept the appointment as registered
SIGNATURE		ganono on cooken on todoo,	, i tonca blat		•	
	Signature, typed or printed name of registered a		NOTE. Registere	d Age	nt signature	B required when reinstating) DATE
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE				1.1 TITLE		Change A Addition
NAME STREET ADDRESS	KATZ, HAROLD 2600 FIORE WAY, #101		1.2 NAME			MICHAEL MANCUSO 2000 FIORE WAY
CITY-ST-ZIP DELRAY, BCH, FL 00000			1.3 STREET ADDRESS 1.4 City-St-Zip		ADDRESS	DELRAY BEACH, FL 33445
TITLE	DST DST	DELETE	2.1 10		1-2112	Change Addition
NAME	TEITLEBAUM, HOWARD	<b>,_</b>	2.2 N/		ļ	
STREET ADDRESS	2600 FIORE WAY		1		ADDRESS	
CITY-ST-ZIP	DELDAY BOLL EL			HTY-S		
TITLE	DP	DELETE	3.1 70			Change Addition
NAME	RICHARDS, LARRY		3.2 N	3.2 NAME		
STREET ADDRESS	2600 FIORE WAY 201		3.3 STREET		ADDRESS	
CITY-ST-ZIP	DELRAY, BCH, FL 00000		3.4. C	ITY-S	T-ZIP	
TITLE		☐ DELETE	4.1 10	TLE		☐ Change ☐ Addition
NAME			4.2 N	AME		
STREET ADDRESS			4.3 ST	REET	ADDRESS	
CITY-ST-ZIP		LIBELEYE		4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		1	Change Addition
NAME CODET ADDOTES			5.2 NA			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP TITLE		DELETE		TY-ST	- ZIP	Change Addition
NAME		L. Ottett	6.1 T/1		İ	Change Addition
POWE			6.2 NA	ME		1

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, on an attachment with an address.

SIGNATURE:

STREET ADDRESS

CITY - ST - ZIP

6.3 STREET ADDRESS

561-5882488

**FILED** 

Apr 30 1998 8:00am

Secretary of State