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NONPROFIT CORPORATION ANNUAL REPORT
1999 (L)

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

DOCUMENT # 729705

1. Corporation Name
LAGO DEL REY CONDOMINIUM, INC. 9

Principal Place of Business	Mailing Address
2600 FIOREWAY #201 DELRAY BEACH FL 33445-4537	2600 FIOREWAY #201 DELRAY BEACH FL 33445-4537

2. Principal Place of Business 21	2a. Mailing Address 26 5011 N. OCEAN BLVD.	3. Date Incorporated or Qualified 05/17/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 SUITE 1	4. FEI Number 34-1176940 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 OCEAN RIDGE, FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 33435 Country 30 P.B	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
RICHARDS, LARRY 2600 FIORE WAY #201 DELRAY BEACH FL 33435	81 Name: MICHAEL MANCUSO 82 Street Address (P.O. Box Number is Not Acceptable): 2600 FIORE WAY UNIT 212 83 84 City: DELRAY BEACH FL 85 Zip Code: 33445

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: Michael Mancuso
Signature, typed or printed name of registering 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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV KATZ, HAROLD 2600 FIORE WAY, #101 DELRAY, BCH, FL 00000	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	MICHAEL MANCUSO DP 2600 FIORE WAY UNIT 212 DELRAY BEACH, FL 33445 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST MANCUSO, MICHAEL 2600 FIORE WAY DELRAY BCH FL 33445	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	CAROL KUCHAR DST 2600 FIORE WAY DELRAY BEACH 33445 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP RICHARDS, LARRY 2600 FIORE WAY 201 DELRAY, BCH, FL 00000	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DORIS MATHEWS D 2600 FIORE WAY DELRAY BEACH, FL 33445 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DAVID LERNER DV 2600 FIORE WAY DELRAY BEACH, FL 33445 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	MARLEEN OSTBEN D 2600 FIORE WAY DELRAY BEACH, FL 33445 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Carol Kuchar 7/9/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #