

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729705

1. Entity Name

LAGO DEL REY CONDOMINIUM, INC. 9

FILED

Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90038 003 ****61.25

Principal Place of Business

2600 FIOREWAY
#201
DELRAY BEACH FL 33445-4537

Mailing Address

5011 N OCEAN BLVD
SUITE 1
OCEAN RIDGE FL 33435-7354

2. Principal Place of Business

2600 FIORE WAY
Suite, Apt. #, etc.

3. Mailing Address

MANAGEMENT SERVICES
Suite, Apt. #, etc.
639 E. OCEAN AVE. - #204



DO NOT WRITE IN THIS SPACE

City & State

DELRAY BEACH, FL

City & State

BOYNTON BEACH, FL

4. FEI Number

34-1176940

Applied For

Not Applicable

Zip

33445

Country

USA

Zip

33435

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANCUSO, MICHEAL
2600 FIORE WAY
UNIT 212
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name
MANAGEMENT SERVICES OF AMERICA, INC.
Street Address (P.O. Box Number is Not Acceptable)
639 E. OCEAN AVE.
Suite 204
City BOYNTON BEACH FL Zip Code 33435

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 MANAGEMENT SERVICES OF AMERICA, INC.
by: Kenneth E. Nagel, Vice-Pres.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

3/30/00
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

TITLE DP
NAME MANCUSO, MICHAEL
STREET ADDRESS 2600 FIORE WAY UNIT 212
CITY-ST-ZIP DELRAY BEACH FL 33445 ☐ Delete

TITLE ~~DT~~ DT
NAME KUCHAR, CAROL
STREET ADDRESS 2600 FIORE WAY
CITY-ST-ZIP DELRAY BCH FL 33445 ☐ Delete

TITLE D
NAME MATTHEWS, DORIS
STREET ADDRESS 2600 FIORE WAY
CITY-ST-ZIP DELRAY BEACH FL 33445 ☒ Delete

TITLE DV
NAME LERNER, DAVID
STREET ADDRESS 2600 FIORE WAY
CITY-ST-ZIP DELRAY BEACH FL 33445 ☐ Delete

TITLE DS
NAME OSTEEN, MARLEEN
STREET ADDRESS 2600 FIORE WAY
CITY-ST-ZIP DELRAY BEACH FL 33445 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DT
NAME CAROL KUCHAR
STREET ADDRESS 2600 FIORE WAY - #202
CITY-ST-ZIP DELRAY BEACH, FL 33445 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DS
NAME MARLEEN OSTEEN
STREET ADDRESS 2600 FIORE WAY - # 111
CITY-ST-ZIP DELRAY BEACH, FL 33445 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Carol Kuchar TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00 (SD) 265-1965
Date Daytime Phone #

CR2E037 (9/99)