# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 21, 2001 08:00 AM**
**Secretary of State**

DOCUMENT # 729705

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

| Principal Place of Business | Mailing Address |
|---|---|
| 2600 FIORE WAY | MANAGEMENT SERVICES |
| | 639 E OCEAN AVE #204 |
| DELRAY BEACH FL | BOYNTON BEACH FL |
| 33445 US | 33435 US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| | MANAGEMENT SERVICES OF AMERICA INC. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| | 639 E OCEAN AVE., SUITE 204 |
| City & State | City & State |
| | BOYNTON BEACH FL |
| Zip / Country | Zip 33435 / Country US |

DO NOT WRITE IN THIS SPACE

4. FEI Number **34-1176940** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

MANAGEMENT SERVICES OF AMERICA INC
639 E OCEAN AVE
STE 204
BOYNTON BEACH FL
33435

**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 **PETER J. VROUHAS** **04/21/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>OSTEEN MARLEEN<br>2600 FIORE WAY #111<br>DELRAY BEACH FL 33445 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>SCHWARTZ JODIE<br>2600 FIORE WAY<br>DELRAY BEACH FL 33445 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>LERNER DAVID<br>2600 FIORE WAY<br>DELRAY BEACH FL 33445 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>LERNER DAVID<br>2600 FIORE WAY<br>DELRAY BEACH FL 33445 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>KUCHAR CAROL<br>2600 FIORE WAY #202<br>DELRAY BCH FL 33445 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>MANCUSO MICHAEL<br>2600 FIORE WAY UNIT 212<br>DELRAY BEACH FL 33445 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>MANCUSO MICHAEL<br>2600 FIORE WAY UNIT 212<br>DELRAY BEACH FL 33445 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (11/00)

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:** DAVID LERNER PD 04/21/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #