2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 729705

Entity Name: LAGO DEL REY CONDOMINIUM, INC. 9

Apr 28, 2002 8:00 AM Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
| | |

2600 FIORE WAY

DELRAY BEACH, FL 33445 US

Current Mailing Address: New Mailing Address:

MANAGEMENT SERVICES OF AMERICA INC. 639 E OCEAN AVE., SUITE 204 BOYNTON BEACH, FL 33435

FEI Number: 34-1176940 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MANAGEMENT SERVICES OF AMERICA INC. 639 E OCEAN AVE SUITE 204 BOYNTON BEACH, FL 33435

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

VPD () Delete MANCUSO, MICHAEL Name: 2600 FIORE WAY UNIT 212 Address: City-St-Zip: DELRAY BEACH, FL 33445

Title: () Delete KUCHAR, CAROL Name: Address: 2600 FIORE WAY #202 City-St-Zip: DELRAY BCH, FL 33445

Title: DP () Delete LERNER, DAVID Name: Address: 2600 FIORE WAY

City-St-Zip: DELRAY BEACH, FL 33445 Title:

DS () Delete SCHWARTZ, JODIE Name: Address: 2600 FIORE WAY City-St-Zip: DELRAY BEACH, FL 33445

Title: () Delete

Name: Address: City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

MANCUSO, MICHAEL Name: Address: 2600 FIORE WAY UNIT 212 City-St-Zip: DELRAY BEACH, FL 33445

Title: (X) Change () Addition Name: JEANSONNE, JANA NICOLE Address: 2600 FIORE WAY #211 City-St-Zip: DELRAY BCH, FL 33445

Title: PD (X) Change () Addition

LERNER, DAVID Name: 2600 FIORE WAY #101 Address: City-St-Zip: DELRAY BEACH, FL 33445

Title: TD (X) Change () Addition

Name: EDWARDS, SHIRLEY 2600 FIORE WAY #102 Address: City-St-Zip: DELRAY BEACH, FL 33445

Title: () Change (X) Addition

SCHWARZ, JODIE Name: 2600 FIORE WAY #109 Address: City-St-Zip: DELRAY BEACH, FL 33445

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DAVID LERNER Ρ 04/28/2002