2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State
01-29-2004 90100 050 ****70.00

DOCUMENT # 729705

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

Principal Place of Business	Mailing Address
% GLEN MANAGEMENT SERVICES, INC. 301 W. CAMINO GARDENS BLVD. BOCA RATON, FL 33432 US	A1A PROPERTY MANAGEMENT 160 NW 176TH ST, SUITE 202 MIAMI, FL 33169 US

01072004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
c/o FEDERAL Home + Prop. Mgt.	c/o FEDERAL Home + Prop. Mgt.
Suite, Apt. #, etc.: SUITE 309	Suite, Apt. #, etc.: P.O. Box 811180
City & State: 21301 POWERLINE RD. BOCA RATON FL	City & State: BOCA RATON, FL
Country: USA	Zip: 33481 Country: USA
Zip: 33433	

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

GLEN, ANDREW C
% GLEN MANAGEMENT SERVICES, INC.
301 W. CAMINO GARDENS BLVD., STE 200
BOCA RATON, FL 32432

7. Name and Address of New Registered Agent

Name: ESTES, DONALD E.
Street Address (P.O. Box Number is Not Acceptable): c/o FEDERAL Home + Prop. Mgt.
7267 SAN SEBASTIAN DR.
City: BOCA RATON FL Zip Code: 33433

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Donald E. Estes DATE: 1/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MANCUSO, MICHAEL 2600 FIORE WAY UNIT 212 DELRAY BEACH, FL 33445	☐ Delete	DIRECTOR MANCUSO, MICHAEL 2600 FIORE WAY # 212 DELRAY BEACH, FL 33445	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JEANSONNE, JANA NICOLE 2600 FIORE WAY #211 DELRAY BCH, FL 33445	☐ Delete	VICE PRESIDENT + SECRETARY JEANSONNE, JANA NICOLE 2600 FIORE WAY # 211 DELRAY BEACH, FL 33445	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LERNER, DAVID 2600 FIORE WAY #101 DELRAY BEACH, FL 33445	☐ Delete	DIRECTOR LERNER, DAVID 2600 FIORE WAY #101 DELRAY BEACH, FL 33445	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD EDWARDS, SHIRLEY 2600 FIORE WAY #102 DELRAY BEACH, FL 33445	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHWARZ, JODIE 2600 FIORE WAY #109 DELRAY BEACH, FL 33445	☐ Delete	PRESIDENT SCHWARZ, JODIE 2600 FIORE WAY # 109 DELRAY BEACH, FL 33445	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TREASURER TEITELBAUM, HOWARD 2600 FIORE WAY # 203 DELRAY BEACH, FL 33445	☐ 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: Jodie Schwarz JODIE SCHWARZ 1/26/04 561 289-0175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #