

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 16, 2009**  
**Secretary of State**

DOCUMENT# 729705

**Entity Name:** LAGO DEL REY CONDOMINIUM, INC. 9**Current Principal Place of Business:**953 UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33071 US**New Principal Place of Business:****Current Mailing Address:**C/O INTEGRITY PROPERTY MANAGEMENT  
P.O. BOX 8726  
CORAL SPRINGS, FL 33075**New Mailing Address:****FEI Number:** 34-1176940 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**INTEGRITY PROPERTY MANAGEMENT  
953 UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33071 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** P ( ) Delete  
**Name:** SCHWARZ, JUDIE  
**Address:** 953 UNIVERSITY DRIVE  
**City-St-Zip:** CORAL SPRINGS, FL 33071 US**Title:** TR ( ) Delete  
**Name:** TEITELBAUM, HOWARD  
**Address:** 953 UNIVERSITY DRIVE  
**City-St-Zip:** CORAL SPRINGS, FL 33071 US**Title:** DS ( ) Delete  
**Name:** YURON, JANET  
**Address:** 953 UNIVERSITY DRIVE  
**City-St-Zip:** CORAL SPRINGS, FL 33071 US**Title:** D ( ) Delete  
**Name:** PARKER, GENE A  
**Address:** 953 UNIVERSITY DRIVE  
**City-St-Zip:** CORAL SPRINGS, FL 33071 US**Title:** P ( ) Delete  
**Name:** MINKOWSKI, JOANN  
**Address:** 953 UNIVERSITY DRIVE  
**City-St-Zip:** CORAL SPRINGS, FL 33071**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JUDIE SCHWARZ

P

09/16/2009

Electronic Signature of Signing Officer or Director

Date