# 2003 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 09, 2003**
**Secretary of State**

DOCUMENT# 729705

**Entity Name:** LAGO DEL REY CONDOMINIUM, INC. 9

**Current Principal Place of Business:**

2600 FIORE WAY
DELRAY BEACH, FL 33445 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

A1A PROPERTY MANAGEMENT
160 NW 176TH ST, SUITE 202
MIAMI, FL 33169 US

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

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

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

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

A1A PROPERTY MANAGEMENT
160 NW 176TH ST
SUITE 202
MIAMI, FL 33169 US

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: RICHARD A GARLEN 04/09/2003
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

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

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

Title: PD ( ) Delete
Name: LERNER, DAVID
Address: 2600 FIORE WAY #101
City-St-Zip: DELRAY BEACH, FL 33445

Title: TD ( ) Delete
Name: EDWARDS, SHIRLEY
Address: 2600 FIORE WAY #102
City-St-Zip: DELRAY BEACH, FL 33445

Title: D ( ) Delete
Name: SCHWARZ, JODIE
Address: 2600 FIORE WAY #109
City-St-Zip: DELRAY BEACH, FL 33445

**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 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 P 04/09/2003
Electronic Signature of Signing Officer or Director Date