2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 01, 2008
Secretary of State

DOCUMENT# 732824

Entity Name: LAGO DEL REY CONDOMINIUM, INC. 7

Current Principal Place of Business:

2200 N. FEDERAL HWY
212
BOCA RATON, FL 33431 US

New Principal Place of Business:

953 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071 US

Current Mailing Address:

PALM BEACH PROPERTY MGT
2200 N. FEDERAL HWY #212
BOCA RATON,, FL 33431 US

New Mailing Address:

953 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071 US

FEI Number: 34-1190248 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PLAZURE, LENNIE
PALM BEACH PROPERTY MGT
2200 N. FEDERAL HWY #212
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

INTEGRITY PROPERTY MANAGEMENT
953 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071 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: JOHN WHITTLE 07/01/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: GLASSMAN, STEVEN
Address: 2500 FIORE WAY #214
City-St-Zip: DELRAY BEACH, FL 33445

Title: VD ( ) Delete
Name: DUPLEISS, ROLAND
Address: 2500 FIORE WAY #209
City-St-Zip: DELRAY BEACH, FL 33445

Title: PD ( ) Delete
Name: ROSSO, BARI
Address: 2500 FIORE WAY #105
City-St-Zip: DELRAY BEACH, FL 33445

Title: D ( ) Delete
Name: BLISS, FLORA
Address: 2500 FIORE WAY #212
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:

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: STEVEN GLASSMAN SD 07/01/2008
Electronic Signature of Signing Officer or Director Date