

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732884

FILED
Jul 29, 2009
Secretary of State

Entity Name: LAGO DEL REY CONDOMINIUM, INC. 6

Current Principal Place of Business:

953 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

953 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 34-1190247 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HANEY, LLOYD
Address: 2900 FIRE WAY #210
City-St-Zip: DELRAY BEACH, FL 33445

Title: VP () Delete
Name: ARILLI, KATHY
Address: 2700 FIRE WAY #211
City-St-Zip: DELRAY BEACH, FL 33445

Title: S () Delete
Name: ALFORD, MARILYN
Address: 2700 FORE WAY #203
City-St-Zip: DELRAY BEACH, FL 33445

Title: T () Delete
Name: LANFORD, THERESA
Address: 2703 FURE WAY #205
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: HANEY, KAREN
Address: 2700 FURE WAY #210
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 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: LLYOD HANEY

P

07/29/2009

Electronic Signature of Signing Officer or Director

Date