

**FILING FEE: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**  
 1995 MAR -2 AM 7:20  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1995**

FLORIDA DEPARTMENT OF STATE  
 Sandra B. Northam  
 Secretary of State  
 DIVISION OF CORPORATIONS



**DOCUMENT # 739886 (0)**  
 1. Corporation Name  
**LAGO DEL REY CONDOMINIUM, INC. 1**

Principal Place of Business: **2625 ZORNO WAY DELRAY BEACH FL 33445**  
 Mailing Address: **2625 ZORNO WAY DELRAY BEACH FL 33445**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/11/1977**      3a. Date of Last Report: **08/03/1994**  
 4. FEI Number: **59-1790584**      Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  **\$68.75 Supplemental Fee Not Required**  
 8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**      2a. Mailing Address: **26**  
 Suite, Apt. #, etc.: **22**      Suite, Apt. #, etc.: **27**  
 City & State: **23**      City & State: **28**  
 Zip: **24**      Country: **25**      Zip: **29**      Country: **30**

9. Name and Address of Current Registered Agent  
**REICH ROSLYN**  
**2625 ZORNO WAY**  
**DELRAY BEACH FL 33445**

10. Name and Address of New Registered Agent  
 81 Name: \_\_\_\_\_  
 82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 83 \_\_\_\_\_  
 84 City: \_\_\_\_\_ FL 85 Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Roslyn Reich      DATE: 1/16/95  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	REICH, ROSLYN
STREET ADDRESS	2625 ZORNO WAY
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	D
NAME	ALBERT, PEARL
STREET ADDRESS	2629 ZORNO WAY
CITY-ST-ZIP	DELRAY BCH., FL 00000
TITLE	VD
NAME	HALL, COLIN
STREET ADDRESS	2709 ZORNO WAY
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	D
NAME	LESSERBAUN, NATALE
STREET ADDRESS	2701 ZORNO WAY
CITY-ST-ZIP	DELRAY BCH-FL-00000
TITLE	PD
NAME	ZELLER, STAN
STREET ADDRESS	2805 ZORNO WAY
CITY-ST-ZIP	DELRAY BCH., FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D Albert Harris
4.3 STREET ADDRESS	2613 ZORNO WAY
4.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	\$ 3-2
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Roslyn Reich      DATE: 1/16/95      407-272-1903  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Date)      (Phone Number)