

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

2737 ZORNO WAY 2737 ZORNO WAY

3. Date Incorporated or Qualified: 08/11/1977
3a. Date of Last Report: 03/02/1995

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22	Suite, Apt. #, etc. DELRAY BCH., FL.	26	59-1790584	Not Applicable
23	City & State	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	28	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25	Country	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26	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: **FRANCES B PERCIVAL**
82 Street Address (P.O. Box Number is Not Acceptable): **2737 ZORNO WAY**
83 City: **DELRAY BCH., FL. 33445**
84 City: **FL**
85 Zip Code: **33445**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Frances B Percival* DATE: 1/31/96
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	REICH, ROSLYN	
STREET ADDRESS	2625 ZORNO WAY	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALBERT, PEARL	
STREET ADDRESS	2629 ZORNO WAY	
CITY-ST-ZIP	DELRAY BCH., FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HALL, COLIN	
STREET ADDRESS	2709 ZORNO WAY	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, ALBERT	
STREET ADDRESS	2613 ZORNO WAY	
CITY-ST-ZIP	DELRAY BCH. FL 00000 33445	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ZELLER, STAN	
STREET ADDRESS	2605 ZORNO WAY	
CITY-ST-ZIP	DELRAY BCH., FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ELIZABETH WOLOVITS	
STREET ADDRESS	2713 ZORNO WAY	
CITY-ST-ZIP	DELRAY BCH., FL 33445	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GEORGE RACKMEYER	
1.3 STREET ADDRESS	2725 ZORNO WAY	
1.4 CITY-ST-ZIP	DELRAY BCH., FL. 33445	
2.1 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FRANCES B. PERCIVAL	
2.3 STREET ADDRESS	2737 ZORNO WAY	
2.4 CITY-ST-ZIP	DELRAY BCH., FL. 33445	
3.1 TITLE	SID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PHYLLIS HOLLANDER	
3.3 STREET ADDRESS	2745 ZORNO WAY	
3.4 CITY-ST-ZIP	DELRAY BCH., FL. 33445	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	COLIN HALL	
4.3 STREET ADDRESS	2709 ZORNO WAY	
4.4 CITY-ST-ZIP	DELRAY BCH., FL. 33445	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LOUISE SMITH	
5.3 STREET ADDRESS	2621 ZORNO WAY	
5.4 CITY-ST-ZIP	DELRAY BCH., FL. 33445	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	NATALIE LESSELBAUM	
6.3 STREET ADDRESS	2701 ZORNO WAY	
6.4 CITY-ST-ZIP	DELRAY BCH., FL. 33445	

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 119.07(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: *Frances B Percival* DATE: 4-4-1996 DAYTIME PHONE #: 407-278-2974
Signature typed or printed name of signing officer or director

CR2E037 (12/95)