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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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	Mailing Address
2737 ZORND WAY DELRAY BCH FL 33445 US	2737 ZORNO WAY DELRAY BCH FL 33445-4582 US

3. Date Incorporated or Qualified 08/11/1977	3a. Date of Last Report 04/10/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1790584	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PERCIVAL, FRANCES B 2737 ZORNO WAY DELRAY BCH FL 33445		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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RACKMEYER, GEORGE	1.2 NAME	G. GEORGE RACKMEYER
STREET ADDRESS	2725 ZORNO WAY	1.3 STREET ADDRESS	2725 ZORNO WAY
CITY-ST-ZIP	DELRAY BCH FL 33445	1.4 CITY-ST-ZIP	DELRAY BCH, FL. 33445
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERCIVAL, FRANCES B	2.2 NAME	JOHN MELLILO
STREET ADDRESS	2737 ZORNO WAY	2.3 STREET ADDRESS	2709 ZORNO WAY
CITY-ST-ZIP	DELRAY BCH FL 33445	2.4 CITY-ST-ZIP	DELRAY BCH, FL.
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLANDER, PHYLLIS	3.2 NAME	FRANCES B. PERCIVAL
STREET ADDRESS	2745 ZORNO WAY	3.3 STREET ADDRESS	2737 ZORNO WAY
CITY-ST-ZIP	DELRAY BCH FL 33445	3.4 CITY-ST-ZIP	DELRAY BCH, FL. 33445
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, COLLIN	4.2 NAME	FANNIE HUTTON
STREET ADDRESS	2709 ZORNO WAY	4.3 STREET ADDRESS	2709 ZORNO WAY
CITY-ST-ZIP	DELRAY BCH FL 33445	4.4 CITY-ST-ZIP	DELRAY BCH, FL. 33445
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LOUISE	5.2 NAME	LOUISE SMITH
STREET ADDRESS	2621 ZORNO WAY	5.3 STREET ADDRESS	2621 ZORNO WAY
CITY-ST-ZIP	DELRAY BCH FL 33445	5.4 CITY-ST-ZIP	DELRAY BCH, FL. 33445
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESSELBAUM, NATALIE	6.2 NAME	LESSELBAUM, NATALIE
STREET ADDRESS	2701 ZORNO WAY	6.3 STREET ADDRESS	2701 ZORNO WAY
CITY-ST-ZIP	DELRAY BCH FL 33445	6.4 CITY-ST-ZIP	DELRAY BCH, FL. 33445

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ DATE: 2/28/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: FRANCES B PERCIVAL

CR2E037 (9/96)