

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90082 025 \*\*\*\*61.25

**DOCUMENT # 739886**  
1. Entity Name  
**LAGO DEL REY CONDOMINIUM, INC. 1**



Principal Place of Business: **MANAGEMENT SERVICES  
639 EAST OCEAN AVENUE, SUITE 204  
BOYNTON BEACH FL 33435  
US**

Mailing Address: **MANAGEMENT SERVICES  
639 EAST OCEAN AVENUE, SUITE 204  
BOYNTON BEACH FL 33435  
US**

**94039026**



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number: **59-1790584**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HUCKABY, JANET  
MANAGEMENT SERVICES  
639 EAST OCEAN AVENUE, SUITE 204  
BOYNTON BEACH FL 33435**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE: *Janet Huckaby* DATE: **3-17-04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RACKMYER, GEORGE	
STREET ADDRESS	2725 ZORNO WAY	
CITY-ST-ZIP	DELRAY BCH FL 33445	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALBERT, PEARL	
STREET ADDRESS	2629 ZORNO WAY	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NAHMAN, JACK	
STREET ADDRESS	2625 ZORNO WAY	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	ZELLER, DORIS	
STREET ADDRESS	2605 ZORNO WAY	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, BRENDA	
STREET ADDRESS	2745 ZORNO WAY	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jack Nahman Pres.* DATE: **3-17-04**