

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 08, 2007
Secretary of State**

DOCUMENT# 739886

Entity Name: LAGO DEL REY CONDOMINIUM, INC. 1

Current Principal Place of Business:

PALM BEACH PROPERTY MGT
2200 N. FEDERAL HWY #212
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

PALM BEACH PROPERTY MGT.
2200 N. FEDERAL HWY #212
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 59-1790584 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLAZURE, LENNIE
2200 N. FEDERAL HWY
212
BOCA RATON,, FL 33431 US

Name and Address of New Registered Agent:

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: DEBRA, WEAVER
Address: 421 HOMEWOOD BLVD
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: NAHMAN, JACK
Address: 2625 ZORNO WAY
City-St-Zip: DELRAY BEACH, FL 33445

Title: STD () Delete
Name: JONES, BRENDA
Address: 2745 ZORNO WAY
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: SCHAFFER, SHANNON
Address: 2705 ZORNO WAY
City-St-Zip: DELRAY BEACH, FL 33445 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GAUDIO, VINCENT
Address: 2709 ZORNO WAY
City-St-Zip: DELRAY BEACH, FL 33445

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 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: DEBORAH WEAVER

P

03/08/2007

Electronic Signature of Signing Officer or Director

_____ Date