

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739886

FILED  
Apr 22, 2008  
Secretary of State

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: GAUDIO, VINCENT  
Address: 2709 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MOOG, BARBARA  
Address: 2749 ZORNO WAY  
City-St-Zip: DELRAY BEACH, FL 33445

Title: DS (X) Change ( ) Addition  
Name: SCHAFFER, SHANNON  
Address: 2705 ZORNO WAY  
City-St-Zip: DELRAY BEACH, FL 33445 US

I hereby certify that the information supplied with this filing does not qualify 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: DEBRA WEAVER

PD

04/22/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date