

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90310 017 ****61.25

Filed in error to wrong corporation.
See #N01000002788

50019613



DOCUMENT # 753550 1. Entity Name LAGO DEL REY NORTH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2720 CASA WAY DELRAY BEACH, FL 33445			Mailing Address MANAGEMENT SERVICES OF AMERICA, INC 639 EAST OCEAN AVE SUITE 204 BOYNTON BEACH, FL 33435 US		
2. Principal Place of Business 500 NE Spanish River Blvd #18		3. Mailing Address Bracon Property Mgmt, Inc 500 NE Spanish River Blvd, #18			
Suite, Apt. #, etc. #18		Suite, Apt. #, etc. #18			
City & State Boca Raton, FL		City & State Boca Raton, FL			
Zip 33431		Country Palm Beach		Zip 33431	
Country Palm Beach		Country Palm Beach			
4. FEI Number 59-2148564			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HUCKABY, JANET MANAGEMENT SERVICES OF AMERICA, INC 639 EAST OCEAN AVE SUITE 204 BOYNTON BEACH, FL 33-4355			7. Name and Address of New Registered Agent Name: ERNEST W. WILLIS Street Address (P.O. Box Number is Not Acceptable) Bracon Property Management, Inc 500 NE Spanish River Blvd., #18 City: Boca Raton FL Zip Code: 33431		
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: DATE: 4/28/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	PD	
NAME	GRECO, DANIEL		NAME	Donahue, Fran	
STREET ADDRESS	2755 CASITA WAY SUITE 107		STREET ADDRESS	740 Lago Road	
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	VPD	
NAME	DERRICO, FRANK		NAME	Maddalone, Peter	
STREET ADDRESS	2755 CASITA WAY SUITE 210		STREET ADDRESS	712 Lago Road	
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TD	
NAME	BOGUCKI, MRS		NAME	Cohen Charles	
STREET ADDRESS	2812 CASA WAY SUITE 19A4		STREET ADDRESS	740 Lago Road	
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SD	
NAME	THOMAS, ISABELLE		NAME	Ohler, Leslie	
STREET ADDRESS	2840 CASA WAY SUITE 107		STREET ADDRESS	724 Lago Road	
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	SCIARROTO, BETTY		NAME		
STREET ADDRESS	2840 CASA WAY SUITE 207		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: DATE: 4/28/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Daytime Phone #					