

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 753950 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., STE. 204 BOYNTON BEACH, FL 33435 US																											
2. Principal Place of Business - No P.O. Box # 778 South Military Trail Suite, Apt. #, etc.		3. Mailing Address 778 South Military Trail Suite, Apt. #, etc.																											
City & State Deerfield Beach FL Zip 33442		City & State Deerfield Beach FL Zip 33442																											
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., STE. 204 BOYNTON BEACH, FL 33435		7. Name and Address of New Registered Agent Name Gary Palombi Street Address (P.O. Box Number is Not Acceptable) 778 South Military Trail City Deerfield Beach FL Zip Code 33442																											
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 <small>Signature, typed or printed name of registered agent and title applicable</small>		DATE 4-25-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$297.50		Make check payable to Florida Department of State																											
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																											
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 4/25/07 <small>Daytime Phone #</small>																											