2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

2. Principal Place of Business - No PO Box # 77 8 South Multrary Trail Suite, April 7, acc. Suite, April 7, acc. Suite, April 7, acc. Suite, April 7, acc. City & Satist Descripted Beach F1 Descripted Be	DOCUMENT # 753\$50 1. Entity Name LAGO DEL REY NORTH CONDOMINIUM ASSOCIATION, INC.					FILED 07 MAY -7 AM 9: 32		
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Size County Size Count		each FI.	Deertield Beach FI		4. FEI Number 59-2148564	1		
S. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent	Zip	Country	Zip ,		5. Certificate of Sta			
HUCKARY, JANET MANAGEMENT SERVICES OF AMERICA, INC 339 EAST OCEAN AVE., STE. 204 BOYNTON BEACH, FL. 33435 8. The above named entity submits als statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam termiliar with, and accept the obligations of registered agent a	6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent							
8. The above named entity submits als 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, benefit or production of the purpose of changing its registered office or registered agent, in the State of Florida. I am familiar with, and accept the obligations of registered agent, benefit or production of the purpose of changing its registered office or registered agent, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the purpose of change agent, or both. Make check payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Florida Department of State 10. In Interpolation of the purpose of change agent	HUCKABY, JANET MANAGEMENT SERVICES OF AMERICA, INC 639 EAST OCEAN AVE., STE. 204 BOYNTON BEACH, FL 33435 City Code Cary Palombi Street Address (P.O. Box Number is Not Acceptable) 7 7 8 South Military Trail							
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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: Edward Chomas, 4/25/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DayLine Phone #								