


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90132 025 \*\*\*\*61.25

<b>DOCUMENT # 753550</b> 1. Entity Name <b>LAGO DEL REY NORTH CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>778 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442</b>			Mailing Address <b>778 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>c/o Beacon Property Mgmt 500 NE SPANISH RIVER BLVD #18</b>			
City & State  Zip		City & State <b>BOCA RATON FL</b> Zip <b>33431</b>		4. FEI Number <b>59-2148564</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>PALOMBI, GARY 778 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442</b>			7. Name and Address of New Registered Agent Name <b>Beacon Property Mgmt</b> Street Address (P.O. Box Number is Not Acceptable) <b>500 NE Spanish River Blvd #18</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33431</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>THOMAS, EDWARD</b> <b>2840 CASA WAY #107</b> <b>DELRAY BEACH, FL 33445</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MESSINGO PATRICK</b> <b>12 AUSTIN ST</b> <b>AMSTERDAM NY 12010</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>NOBLES, THOMAS</b> <b>2805 CASITA WAY #108</b> <b>DELRAY BEACH, FL 33445</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>NOBLES THOMAS</b> <b>2805 CASITA WAY #108</b> <b>DELRAY BCH FL 33445</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HAZARD, JONATHAN</b> <b>2825 CASA WAY #101</b> <b>DELRAY BEACH, FL 33445</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>POBLUCKI DENNIS</b> <b>2840 CASA WAY #206</b> <b>DELRAY BCH FL 33445</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCIARROTO, BEATTY</b> <b>2840 CASA WAY, #207</b> <b>DELRAY BEACH, FL 33445</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VICKERY ANDREW</b> <b>2805 CASITA WAY #108</b> <b>DELRAY BCH FL 33445</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <u>Jonathan Hazard</u> <b>JONATHAN HAZARD</b> <b>4-28-08</b> <b>561-218-2296</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>TREAS.</b> Date Daytime Phone #					

40093002



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