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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N07587

1. Corporation Name

LAGO DEL MAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

C/O CAMPBELL PROPERTY MANAGEMENT
 1215 E HILLSBORO BLVD
 DEERFIELD BCH FL 33441
 US

Mailing Address

C/O CAMPBELL PROPERTY MANAGEMENT
 1215 E HILLSBORO BLVD
 DEERFIELD BCH FL 33441
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

02/12/1985

4. FEI Number

- 59-2494599

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CAMPBELL PROP MGMT
 1215 E HILLSBORO BLVD
 DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **ST** DELETE
 NAME **RUMENS, WILLIAM**
 STREET ADDRESS **7650 LAGO DEL MAR DR 206**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** DELETE
 NAME **ARNEL, ELISE**
 STREET ADDRESS **7810 LAGO DEL MAR DR, #1009**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **P** DELETE
 NAME **HOROWITZ, JEANNE**
 STREET ADDRESS **7810 LAGO DEL MAR DR S1004**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **VPD** DELETE
 NAME **HORWITZ, LAWRENCE**
 STREET ADDRESS **7810 LAGO DEL MOR DRIVE S1004**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** DELETE
 NAME **SCHITEL, DONNA**
 STREET ADDRESS **7810 LAGO DEL MAR DRIVE #1013**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** DELETE
 NAME **OVERBAUM, ERNA**
 STREET ADDRESS **7890 LAGO DEL MAR DR, #1402**
 CITY-ST-ZIP **BOCA RATON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR** Change Addition
 1.2 NAME **SHARON DUITZ**
 1.3 STREET ADDRESS **7470 LAGO DEL MAR DR # 304**
 1.4 CITY-ST-ZIP **BOCA RATON, FL 33433**

2.1 TITLE **DIRECTOR** Change Addition
 2.2 NAME **ANATOLI SHELASKY**
 2.3 STREET ADDRESS **7810 LAGO DEL MAR DR. # 1003**
 2.4 CITY-ST-ZIP **BOCA RATON, FL 33433**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like, empowered.

SIGNATURE:

Signature of Lawrence Horowitz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 3/30/99
 Daytime Phone #: 486-8000

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