

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90147 002 \*\*\*\*61.25

**DOCUMENT # N07587**

1. Entity Name -

**LAGO DEL MAR CONDOMINIUM ASSOCIATION, INC.**



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| Principal Place of Business<br>C/O CAMPBELL PROPERTY MANAGEMENT<br>1215 E HILLSBORO BLVD<br>DEERFIELD BCH FL 33441<br>US | Mailing Address<br>C/O CAMPBELL PROPERTY MANAGEMENT<br>1215 E HILLSBORO BLVD<br>DEERFIELD BCH FL 33441<br>US |
|--|--|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |

|   |  |
|---|--|
| 4. FEI Number<br><b>59-2494599</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

**6. Name and Address of Current Registered Agent**

CAMPBELL PROP MGMT  
1215 E HILLSBORO BLVD  
DEERFIELD BEACH FL 33441

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

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

City **FL** Zip Code \_\_\_\_\_

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|                                     |   |  |
|-------------------------------------|---|--|
| <b>FILE NOW:<br/>FEE IS \$61.25</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Department of State</b> |
|-------------------------------------|---|--|

**10. OFFICERS AND DIRECTORS**

|   |  |
|---|--|
| TITLE NAME<br>D<br>DUIZ, SHARON                 | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS<br>7670 LAGO DEL MAR DR #306     |  |
| CITY-ST-ZIP<br>BOCA RATON FL 33433              |  |
| TITLE NAME<br>D<br>SURASKY, JONATHAN            | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS<br>7810 LAGO DEL MAR DR #1003    |  |
| CITY-ST-ZIP<br>BOCA RATON FL 33433              |  |
| TITLE NAME<br>P<br>HOROWITZ, JEANNE             | <input type="checkbox"/> Delete            |
| STREET ADDRESS<br>7810 LAGO DEL MAR DR S1004    |  |
| CITY-ST-ZIP<br>BOCA RATON FL                    |  |
| TITLE NAME<br>VPD<br>HORWITZ, LAWRENCE          | <input type="checkbox"/> Delete            |
| STREET ADDRESS<br>7810 LAGO DEL MOR DRIVE S1004 |  |
| CITY-ST-ZIP<br>BOCA RATON FL                    |  |
| TITLE NAME                                      | <input type="checkbox"/> Delete            |
| STREET ADDRESS                                  |  |
| CITY-ST-ZIP                                     |  |
| TITLE NAME                                      | <input type="checkbox"/> Delete            |
| STREET ADDRESS                                  |  |
| CITY-ST-ZIP                                     |  |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|   |  |
|---|--|
| TITLE NAME<br>D<br>Rantz, Steven        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS<br>7630 LAGO DEL MAR DR. |  |
| CITY-ST-ZIP<br>BOCA RATON, FL 33433     |  |
| TITLE NAME<br>D<br>STEWART, JOANNE      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS<br>7850 LAGO DEL MAR DR  |  |
| CITY-ST-ZIP<br>BOCA RATON, FL 33433     |  |
| TITLE NAME                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS                          |  |
| CITY-ST-ZIP                             |  |
| TITLE NAME<br>D<br>Ariel, Elyse         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS<br>7810 LAGO DEL MAR DR  |  |
| CITY-ST-ZIP<br>BOCA RATON, FL 33433     |  |
| TITLE NAME                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS                          |  |
| CITY-ST-ZIP                             |  |

12. 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 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:** *[Signature]* **REQUIRED** *4/10/01* *800-828-7949*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)