## NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N M567						FILED			
LAGO DEL MAR CONDOMINIUM ASSUCIATION INC						02 M9V 18 /M H: 39			
DO NOT WRITE IN THIS SPACE						SEDREMENT AT ATTATE. TAULTHANGER, I.E.			
2. Principal Place of Business  MONTOYA CIRCLE  Suite, Apt. #, etc.  3. Mailing Address  POBOX 88  Suite, Apt. #, etc.				06		DO NOT WRITE	E IN THIS SPACE	Ē	
BOCA RATON, FL BOCA RATOR			707	FL	4. FEI Number	(A) 242+1-90			
33433	PALM BEACH	33488		W BEUCH	5. Certificate of	Status Desired		Not Applicable  5 Additional lequired	
D	-	7. Name and Address of Current Registered Agent Name CARL FORLEST Street Address (P.O. Box Number is Not Acceptable)							
IN THIS SPACE				5042 MONTEREY LANE					
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.								13484	
SIGNATURE Signature, typed or printed namphi registered agent and little if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE.									
FEE IS \$61.25 9. Election Campaign Financing Initial or Amended UBR Trust Fund Contribution.					\$5.00 May Be Added to Fees	\$5.00 May Be Added to Fees Make Check Payable to Department of State			
10. OFFICERS AND DIRECTORS  TITLE  MAME  STREET ADDRESS  CITY-SI-ZIP  DOCUMENT PERITZINAN  POBAX 880906  CITY-SI-ZIP  BOCK KATON, FL 33488				E ET ADORESS -ST-ZIP	200 11/18/0	200009053542 11/18/0201092003 **61.25			
STREET ADDRESS PO DO CITY-ST-ZIP BOCA	ME MONICA MALKA RETADDRESS PO GOX 880906 TY-ST-BP BOCA KATON, FL 33488			E ET ADDRESS - ST- ZIP					
SITE S/T  CHARLES SANTHOUSE  SIREET ADDRESS  CITY-ST-ZIP  TO CA CATOL FL 33488			CITY-	ET ADDRESS ST-ZIP	DO*NOT WRITE				
NAME STREET ADDRESS CITY-S1-ZIP  D  D  D  SREET ADDRESS CITY-S1-ZIP  D  D  D  SREET ADDRESS FL 33488				1	IN/	THIS S	PACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP THEE DIANG HGLDGLIN STREET ADDRESS CITY-ST-ZIP DOCA RETTOR FL 33488  THEE DOCA RETTOR FL 33488				ŀ					
			CITY-:	T ADDRESS ST-ZIP		70			
12. I hereby certify that the information supplied with this fitting 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 on an attachment with an address, with all other like empowered. SIGNATURE:									
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR Date Daving Prints 4									