


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N27881 1. Entity Name LAGO DEL REY CONDOMINIUM, INC. 2	
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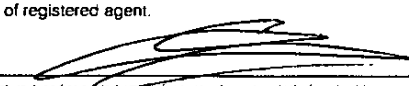
Principal Place of Business PALM BEACH PROPERTY MGT 2200 N. FEDERAL HWY #212 BOCA RATON, FL 33431	Mailing Address PALM BEACH PROPERTY MGT 2200 N. FEDERAL HWY #212 BOCA RATON, FL 33431 US
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2. Principal Place of Business 2800 Fiore Way #114 Suite, Apt. #, etc.	3. Mailing Address 2710 Florida Blvd Suite, Apt. #, etc.
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City & State Delray Beach FL	City & State Delray Beach FL
Zip 33445	Country US
Zip 33483	Country US

6. Name and Address of Current Registered Agent PLAZURE, LENNIE C/O PALM BEACH PROPERTY MANAGEMENT 2200 N. FEDERAL HWY #212 BOCA RATON, FL 33431	7. Name and Address of New Registered Agent Name Steven Wexel Street Address (P.O. Box Number is Not Acceptable) 2710 Florida Blvd City Delray Beach FL Zip Code 33493
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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.

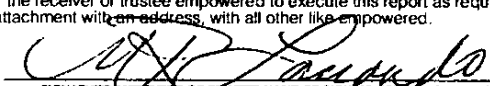
SIGNATURE  DATE 5/19/06

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

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LARRONDO, Maria Rosa 2800 FIORE WAY, 114 DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIKE, HARRY 2800 FIORE WAY, 110 DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD 5 RUSSELL, ADELE 4152 NW 2ND ST DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALDMAN, ARNOLD 2800 FIORE WAY, 102 DELRAY BCH., FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Peschl, Shay 4110 NW 1st Court Delray Beach, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.

SIGNATURE:  DATE May 18, '06 561-395-7165

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

06 MAY 30 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05022006 Chg-NP CR2E037 (4/06)

4. FEI Number 65-0068998	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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06/20/06--01038--003 561.25