

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27881

FILED
Mar 21, 2009
Secretary of State

Entity Name: LAGO DEL REY CONDOMINIUM, INC. 2

Current Principal Place of Business:

2800 FIORE WAY # 114
DERAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

2710 FLORIDA BLVD
DELRAY BEACH, FL 33483 US

New Mailing Address:

FEI Number: 65-0068998 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEXEL, STEVEN
2710 FLORIDA BLVD.
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LARRONDO, ROSA
Address: 2800 FIORE WAY
City-St-Zip: DELRAY BEACH, FL 33445

Title: VPD () Delete
Name: PIKE, HARRY
Address: 2800 FIORE WAY
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: TD S () Delete
Name: RUSSELL, ADELE
Address: 4152 NW 2ND ST
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: WALDMAN, ARNOLD
Address: 2800 FIORE WAY
City-St-Zip: DELRAY BCH., FL 33445

Title: DP () Delete
Name: PESCHL, SHAY
Address: 4110 NW 1ST COURT
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: LARRONDO, MARIA
Address: 2800 FIORE WAY #114
City-St-Zip: DELRAY BEACH, FL 33445

Title: D (X) Change () Addition
Name: PIKE, HARRY
Address: 2800 FIORE WAY #110
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: DST (X) Change () Addition
Name: RUSSELL, ADELE
Address: 4152 NW 2ND ST
City-St-Zip: DELRAY BEACH, FL 33445

Title: D (X) Change () Addition
Name: COVINO, MARY ANN
Address: 2800 FIORE WAY #101
City-St-Zip: DELRAY BCH., FL 33445

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAY PESCHL

PD

03/21/2009

Electronic Signature of Signing Officer or Director

Date