

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27882

FILED
Apr 27, 2009
Secretary of State

Entity Name: LAGO DEL REY CONDOMINIUM, INC. 4

Current Principal Place of Business:

2900 FIORE WAY
DELRAY BEACH, FL 334451542

New Principal Place of Business:

2900 FIORE WAY
DELRAY BEACH, FL 33445

Current Mailing Address:

6300 PARK OF COMMERCE
PRIME MGMT GROUP
BOCA RATON, FL 33487

New Mailing Address:

C/O JSB PROPERTY MANAGEMENT, INC
PO BOX 50373
LIGHTHOUSE POINT, FL 33074

FEI Number: 65-0069088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOULE, GARY
2900 FLORE WAY
DELRAY BEACH, FL 33445 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: VPD () Delete
Name: STEINHART, SHARON
Address: 2900 FLORE WAY SUITE 110
City-St-Zip: DELRAY BEACH, FL 33445

Title: PD () Delete
Name: SOULE, GARY
Address: 2900 FIORE WAY #202
City-St-Zip: DELRAY BEACH, FL 33445

Title: TD () Delete
Name: WIGDERSON, BETTY JO
Address: 2900 FLORE WAY SUITE 112
City-St-Zip: DELRAY BEACH, FL 33445

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: STEINHART, SHARON
Address: 2900 FLORE WAY
City-St-Zip: DELRAY BEACH, FL 33445

Title: PD (X) Change () Addition
Name: SOULE, GARY
Address: 2900 FIORE WAY
City-St-Zip: DELRAY BEACH, FL 33445

Title: TD (X) Change () Addition
Name: WIGDERSON, BETTY JO
Address: 2900 FLORE WAY
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Change (X) Addition
Name: STERN, DONNA
Address: 2900 FIORI WAY
City-St-Zip: DELRAY BEACH, FL 33445

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: JAMIE BLUM

PM

04/27/2009

Electronic Signature of Signing Officer or Director

Date