

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90231 001 \*\*\*\*61.25

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**DOCUMENT # N35072**

1. Entity Name  
**LAGO DEL REY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business: **ROBERTS MANAGEMENT & REALTY CO., INC. MIAMI FL 33172**  
Mailing Address: **1840 N.E. 153RD STREET N.M.B. FL 33162**

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

4. FEI Number **65-0194392** Applied For:  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**ROBERTS MANAGEMENT & REALTY CO., INC. 1840 N.E. 153RD STREET N.M.B. FL 33162**

7. Name and Address of New Registered Agent  
Name: **Roberts management**  
Street Address (P.O. Box Number is Not Acceptable): **1840 NE 153ST**  
City: **No. Miami Beach FL** Zip Code: **33162**

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: **MERRILL SPIVAK** (Signature, typed or printed name of registered agent and title if applicable.)  
NOTE: Registered Agent signature required when reinstating.  
DATE: **4-15-03**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**FILE NOW: FEE IS \$61.25**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <b>PD</b>	<b>PUIG, HECTOR</b> <input type="checkbox"/> Delete	TITLE: <b>najara sara VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME: <b>PUIG, HECTOR</b>		NAME: <b>6990 NW 173 DR</b>	
STREET ADDRESS: <b>7020 NW 173RD DR #503</b>		STREET ADDRESS: <b>miami, FL.</b>	
CITY-ST-ZIP: <b>MIAMI FL 33015</b>			
TITLE: <b>VD</b>	<b>PASCUAL, RAQUEL</b> <input checked="" type="checkbox"/> Delete	TITLE: <b>DR HUGUER, JOSE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>PASCUAL, RAQUEL</b>		NAME: <b>6390 NW 173 DR</b>	
STREET ADDRESS: <b>6984 NW 173RD DR 609</b>		STREET ADDRESS: <b>miami, FL.</b>	
CITY-ST-ZIP: <b>MIAMI FL 33015</b>			
TITLE: <b>TD</b>	<b>PUIG, REINALDO</b> <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>PUIG, REINALDO</b>		NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>63290 NW 173RD DR 903</b>		STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: <b>MIAMI FL</b>		CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <b>SD</b>	<b>RESTREPO, CELMIRA</b> <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>RESTREPO, CELMIRA</b>		NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>7050 NW 173RD DR #401</b>		STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: <b>MIAMI FL 33015</b>		CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <b>D</b>	<b>GRIMES, NURCY</b> <input checked="" type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>GRIMES, NURCY</b>		NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>6940 NW 173RD DR 804</b>		STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: <b>MIAMI FL 33015</b>		CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <input type="checkbox"/> Delete		NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> Delete		STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: <input type="checkbox"/> Delete		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 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 REINALDO PUIG 4/1/03**

CR2E037 (10/02)