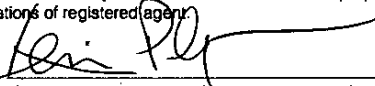


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90213 044 ****61.25

DOCUMENT # N47550 1. Entity Name LAGO DEL REY CONDOMINIUM, INC. 11						
Principal Place of Business MANAGEMENT SERVICES OF AMERICA, INC. 630 EAST OCEAN AVENUE, SUITE 204 BOYNTON BEACH, FL 33435 US			Mailing Address MANAGEMENT SERVICES OF AMERICA, INC. 630 EAST OCEAN AVENUE, SUITE 204 BOYNTON BEACH, FL 33435 US			
2. Principal Place of Business 2200 N. Federal Hwy Suite, Apt. #, etc. 212		3. Mailing Address 2200 N. Federal Hwy Suite, Apt. #, etc. 212		 04102006 Chg-NP CR2E037 (11/05)		
City & State Boca Raton, FL		City & State Boca Raton, FL				
Zip 33431		Country USA				
4. FEI Number 65-0318416				Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HUCKABY, JANET MANAGEMENT SERVICES OF AMERICA, INC 630 EAST OCEAN AVE, SUITE 204 BOYNTON BEACH, FL 33435			7. Name and Address of New Registered Agent Name LENNIE PLOURE Street Address (P.O. Box Number is Not Acceptable) 2200 N. Federal Hwy. # 212 City Boca Raton FL Zip Code 33431			
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 4-25-06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)						
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TANKEL, JUNE 829 CAMINO RD DELRAY BEACH, FL 33445	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Robert Yacker 829 Camino Road #110 Delray Beach, FL 33445	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZIEFF, JOAN 829 CAMINO RD DELRAY BEACH, FL 33445	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Suzanne Santoro 829 Camino Road #107 Delray Beach, FL 33445	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLIGAN, ANN 829 CAMINO RD DELRAY BEACH, FL 33445	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sue Ellen Reeve 829 Camino Road #206 Delray Beach, FL 33445	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOYCE, ELIZABETH 829 CAMINO RD DELRAY BEACH, FL 33445	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sheila Ann Miller 829 Camino Road #210 Delray Beach, FL 33445	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STAS, JEANETTE 829 CAMINO ROAD DELRAY BEACH, FL 33445	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stas, Jeanette 829 Camino Rd Delray Beach FL 33445	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	RJ DePhillipp 829 Camino Rd Delray Beach FL 33445	☐ Change ☒ 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 empowers.						
SIGNATURE:  Robert Yacker 4/22/06 561-404-4088 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						