

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47550

FILED
Apr 21, 2009
Secretary of State

Entity Name: LAGO DEL REY CONDOMINIUM, INC. 11

Current Principal Place of Business:

829 CAMINO RD
DELREY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

JSB PROPERTY MANAGEMENT INC
PO BOX 50373
LIGHTHOUSE POINT, FL 33074 US

New Mailing Address:

FEI Number: 65-0318416 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BACKER LAW FIRM
400 S DIXIE HWY
BOCA RATON, FL 33432 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: TACKEL, JUNE
Address: 829 CAMINO RD #201
City-St-Zip: DELRAY BEACH, FL 33445

Title: P () Delete
Name: LAZZARRO, PETER
Address: 829 CAMINO RD #107
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: SANTANO, SUZANNE
Address: 829 CAMINO RD #107
City-St-Zip: DELRAY BEACH, FL 33445

Title: ST () Delete
Name: AUMILLER, SHEILA
Address: 829 CAMINO RD #210
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: STAS, JEANETTE
Address: 829 CAMINO ROAD
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: YACKER, BETH
Address: 829 CAMINO RD #110
City-St-Zip: DELRAY BEACH, FL 33445

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

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

Title: T (X) Change () Addition
Name: AUMILLER, SHEILA
Address: 829 CAMINO RD #210
City-St-Zip: DELRAY BEACH, FL 33445

Title: VP (X) Change () Addition
Name: STAS, JEANETTE
Address: 829 CAMINO ROAD
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

04/21/2009

Electronic Signature of Signing Officer or Director

Date