

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90023 008 ****61.25

DOCUMENT # 709183

1. Entity Name

LAKE COLONY APTS. TWO, INC.



Principal Place of Business

112-130 DOOLEN COURT
NORTH PALM BEACH FL 33408

Mailing Address

112-130 DOOLEN COURT
NORTH PALM BEACH FL 33408

34005143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1113704

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DICKER, KRIVOK, & STOLOFF PA
1818 AUSTRALIAN AVE SOUTH
SUITE 400
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	TOME, BERTHA	
STREET ADDRESS	130 DOOLEN CT #310E	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GAGNON, MAURICE	
STREET ADDRESS	112 DOOLEN COURT, F209	
CITY-ST-ZIP	N PALM BEACH FL 33408	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VALENTI, ALFRED J	
STREET ADDRESS	112 DOOLEN CT. #103F	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VALENTI, SANDY	
STREET ADDRESS	112 DOOLEN COURT #103	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRAUB, CHUCK	
STREET ADDRESS	407 TENNESSEE DRIVE	
CITY-ST-ZIP	BRICK NJ 08723	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COLLIN, LEE T	
STREET ADDRESS	130 DOOLEN CT #107E	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Van Der Molen	
STREET ADDRESS	112 Doolen Ct #203F	
CITY-ST-ZIP	N.P.B., FL 33408	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tony Romano	
STREET ADDRESS	130 Doolen Ct #302E	
CITY-ST-ZIP	NPB FL 33408	
TITLE	Recording Secty	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Carter	
STREET ADDRESS	112 Doolen Ct #303F	
CITY-ST-ZIP	NPB FL 33063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Sandra A. Valenti *Sandra A. Valenti* 1/26/04 (561) 841-1726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secty/Treas. Date Daytime Phone #