


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90030 002 \*\*\*\*61.25

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<b>DOCUMENT# 709183</b>			
1. Entity Name LAKE COLONY APTS. TWO, INC.		Principal Place of Business 112-130 DOOLEN COURT NORTH PALM BEACH, FL 33408	
2. Principal Place of Business		3. Mailing Address 112-130 DOOLEN COURT NORTH PALM BEACH, FL 33408	
Suite, Apt. #, etc.		4239 Northlake Blvd, Ste D	
City & State		Palm Beach Gardens, FL	
Zip	Country	Zip	Country
33410		33410	Palm Beach
4. FEINumber 59-1113704		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agents signature required when instating)	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAN DER MOLEN, JOHN	NAME	BAILEY, BOB
STREET ADDRESS	112 DOOLEN CT. #203 F	STREET ADDRESS	112 DOOLEN CT. #307 F
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMANO, TONY	NAME	
STREET ADDRESS	130 DOOLEN CT. #302 E	STREET ADDRESS	
CITY-ST-ZIP	N PALM BEACH, FL 33408	CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALENTI, ALFRED J	NAME	GETMAN, KATHY
STREET ADDRESS	142 DOOLEN CT. #103 F	STREET ADDRESS	130 DOOLEN CT. #304 E
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTI, SANDY	NAME	VDS
STREET ADDRESS	112 DOOLEN COURT #103	STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAUB, CHUCK	NAME	DP
STREET ADDRESS	407 TENNESSEE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BRICK, NJ 08723	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, MARY	NAME	DT
STREET ADDRESS	112 DOOLEN CT. #303 F	STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33063	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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 the reports 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: <i>Alfred J. Valenti</i>		Date: 4/7/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone: 841-1726	