

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

FILED
Mar 03, 2006 08:00 AM
Secretary of State

STATEMENT # 747952

36 LAKES HOMEOWNERS ASSOCIATION II, INC.



Principal Business Address	Mailing Address
C/O SIMONE DESROCHERS 5189 MICHAEL DRIVE WEST PALM BEACH, FL 33417 US	C/O SIMONE DESROCHERS 5189 MICHAEL DRIVE WEST PALM BEACH, FL 33417 US



01112006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2285588	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

WESTHERELL, GLENYS R
5197 NICHOLAS DRIVE
W PALM BCH, FL 33417

**DO NOT WRITE
IN THIS SPACE**

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 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

TITLE	VD
NAME	WEATHERALL, THOMAS
STREET ADDRESS	5197 NICHOLAS DR
CITY-ST-ZIP	W. PALM BEACH, FL 33417
TITLE	T
NAME	DESROCHERS, SIMONE
STREET ADDRESS	5189 MICHAEL DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	P
NAME	KORNHAUSER, FRED
STREET ADDRESS	5174 MICHAEL DR
CITY-ST-ZIP	W. PALM BEACH, FL 33417
TITLE	S
NAME	WEATHERELL, GLENYS R
STREET ADDRESS	5197 NICHOLAS DR
CITY-ST-ZIP	W. PALM BEACH, FL 33417
TITLE	D
NAME	SCHNEIDER, MARVIN
STREET ADDRESS	5077 ALFRED DR
CITY-ST-ZIP	W. PALM BEACH, FL 33417
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/15/06-R0040-007 61.25

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IN THIS SPACE**

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 empowered.

SIGNATURE: [Signature] P.R.B. 1/20/06 JB1-689-2021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #