FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -2 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 760049 (7)

1. Corporation Name

LAKES OF NEWPORT CONDOMINIUM II ASSOCIATION, INC

Principal Place of Business	Mailing Address
P O BOX 16311 PLANTATON FL 33318	P O BOX 16311 PLANTATON FL 33318

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1981
3a. Date of Last Report: 03/23/1994
4. FEI Number: 59-2715790 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SEABRIGHT, CAROLYN 7200 NW 1ST ST #103 PLANTATION FL 33317	81 Name: CARACCIOLO JOAN T. 82 Street Address (P.O. Box Number is Not Acceptable): 7200 NW 1ST STREET #203 83 84 City: PLANTATION FL 85 Zip Code: 33317

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: JOAN T. CARACCIOLO Joan T Caracciolo 2/21/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE	TD	☐ Change ☐ Addition
NAME	MROZINSKI, RICHARD G.	1.2 NAME	RICHARD MROZINSKI	
STREET ADDRESS	7200 NW 1ST ST., 106	1.3 STREET ADDRESS	7200 NW 1ST ST #106	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	PLANTATION FLORIDA	
TITLE	PD	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	SEABRIGHT, CAROLYN	2.2 NAME	SEABRIGHT, CAROLYN	
STREET ADDRESS	500 S.E. 17TH ST	2.3 STREET ADDRESS	500 SE 17th ST	
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	SD	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	CARACCIOLO, JOAN T.	3.2 NAME	CARACCIOLO JOAN T	
STREET ADDRESS	7200 NW 1ST ST., #203	3.3 STREET ADDRESS	7200 NW 1ST ST #203	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	PLANTATION	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	NAPOLITANO, ANN	4.2 NAME	BRODY GAYLE	
STREET ADDRESS	5443 NW 107 AVE	4.3 STREET ADDRESS	7200 NW 1ST ST #101	
CITY-ST-ZIP	CORAL SPGS FL	4.4 CITY-ST-ZIP	PLANTATION	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOAN T. CARACCIOLO Joan T. Caracciolo 2/21/95 (305) 584-4634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0046784