

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760049

1. Entity Name

LAKE OF NEWPORT CONDOMINIUM II ASSOCIATION, INC

Principal Place of Business

P O BOX 16311
PLANTATON FL 33318

Mailing Address

P O BOX 16311
PLANTATON FL 33318

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

59-2715790

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARACCILO, JOAN T.
7200 NW FIRST STREET
#203
PLANTATION FL 33317

Name

Gayle T. Brody

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

7200 NW 1 Street

#101

City

Plantation

FL

Zip Code
33317

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.

SIGNATURE

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

Gayle T. Brody, President/Director 01-18-01

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MROZINSKI, RICHARD G.
7200 NW 1ST ST., 106
PLANTATION FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
Pianelli, Sharon
7200 NW 1st., #205
Plantation, FL 33317 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CARACCILO, JOAN T.
7200 NW 1ST ST., #203
PLANTATION FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Schwartz, Carol
7200 NW 1 St., #102
Plantation, FL 33317 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BRODY, GAYLE
7200 NW FIRST ST #101
PLANTATION FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
Brody, Gayle ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

Gayle T. Brody

01-18-01

(954) 942-6700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0047290



DO NOT WRITE IN THIS SPACE