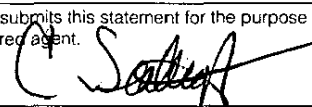
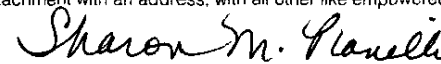


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-12-2004 90662 023 ****61.25

DOCUMENT # 760049 1. Entity Name LAKEs OF NEWPORT CONDOMINIUM II ASSOCIATION, INC					
Principal Place of Business 7200 NW 1ST STREET PLANTATON FL 33318			Mailing Address P O BOX 16311 PLANTATON FL 33318		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2715790	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRODY, GAYLE 7200 NW 1 STREET #101 PLANTATION FL 33317				7. Name and Address of New Registered Agent Name Caroline Seabright Street Address (P.O. Box Number is Not Acceptable) 4536 SW 30 Avenue City Fort Lauderdale FL Zip Code 33312	
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. 3/22/04 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PIANELLI, SHARON 7200 NW 1ST #205 FORT LAUDERDALE FL 33317	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Sharon Pianelli 7200 NW 1 Street #205 Plantation FL 33317	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRODY, GAYLE 7200 NW FIRST ST #101 PLANTATION FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Caroline Seabright 4536 SW 30 Avenue Fort Lauderdale FL 33312	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEABRIGHT, CAROLYN 4536 SW 30 AVE FORT LAUDERDALE FL 33312	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Francoise Kildare 7200 NW 1 Street #206 Plantation FL 33317	☐ 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:  Sharon M. Pianelli 3-1-04 (954) 581-6315 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					