# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 06, 2003 8:00 am**
**Secretary of State**
02-06-2003 90087 032 ****61.25

DOCUMENT # 760049

1. Entity Name
LAKES OF NEWPORT CONDOMINIUM II ASSOCIATION, INC

| Principal Place of Business | Mailing Address |
|---|---|
| P O BOX 16311<br>PLANTATON FL 33318 | P O BOX 16311<br>PLANTATON FL 33318 |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 7200 N.W. 1st Street | |
| Suite, Apt. #, etc. — | Suite, Apt. #, etc. |
| City & State: Plantation FL | City & State |
| Zip: 33317 Country: Broward | 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 |
|---|---|
| BRODY, GAYLE<br>7200 NW 1 STREET<br>#101<br>PLANTATION FL 33317 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 Agent signature required when reinstating)

**FILE NOW: FEE IS $61.25**

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<br>PIANELLI, SHARON<br>7200 NW 1ST #205<br>FORT LAUDERDALE FL 33317 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>SCHWARTZ, CAROL<br>7200 NW 1 ST. #102<br>FORT LAUDERDALE FL 33317 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>Carolyn Seabright<br>4536 S.W. 30 Ave.<br>Ft. Lauderdale, FL 33312 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>BRODY, GAYLE<br>7200 NW FIRST ST #101<br>PLANTATION FL | ☐ 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 |
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CR2E037 (10/02)

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 Brody Pres. 1/20/03 954-938-6681
OFFICER OR DIRECTOR Date Daytime Phone #