

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709183

Entity Name: LAKE COLONY APTS. TWO, INC.**Current Principal Place of Business:**112-130 DOOLEN COURT
NORTH PALM BEACH, FL 33408**Current Mailing Address:**COMPLETE PROPERTY MANAGEMENT, INC.
3307 NORTHLAKE BLVD., SUITE 107
PALM BEACH GARDENS, FL 33403**FEI Number:** 59-1113704**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DICKER, KRIVOK, & STOLOFF PA
1818 AUSTRALIAN AVE SOUTH
SUITE 400
WEST PALM BEACH, FL 33407 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DS
Name	HORAN, PATRICIA
Address	112 DOOLEN CT, # F103
City-State-Zip:	NORTH PALM BEACH FL 33408

Title	D
Name	SZYMAITIS, JAMES
Address	112 DOOLEN CT # 209F
City-State-Zip:	LAKE PARK FL 33403

Title	D
Name	ESQUIVEL, LAURA
Address	112 DOOLEN COURT, # 308F
City-State-Zip:	NORTH PALM BEACH FL 33408

Title	DP
Name	TROCCHIO, MATT
Address	112 DOOLEN CT. #107F
City-State-Zip:	N PALM BEACH FL 33408

Title	D
Name	STRAUB, CHUCK
Address	30910 SANDY RIDGE DR.
City-State-Zip:	LEWES DE 19958

Title	D
Name	SLEE, JEFFREY
Address	130 DOOLEN COURT, 209E
City-State-Zip:	NORTH PALM BEACH FL 33408

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MATT TROCCHIO**PRESIDENT****04/24/2013**

Electronic Signature of Signing Officer/Director Detail

Date