

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State
 04-20-2001 90181 038 ****61.25

DOCUMENT # 709183

1. Entity Name

LAKE COLONY APTS. TWO, INC.

Principal Place of Business

**112-130 DOOLEN COURT
 NORTH PALM BEACH FL 33408**

Mailing Address

**112-130 DOOLEN COURT
 NORTH PALM BEACH FL 33408**

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

59-1113704

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

**ST JOHN, DICKER, AND CAPLAN
 500 AUSTRALIAN AVE SO
 SUITE 500
 WEST PALM BCH FL 33470**

Name

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

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.

SIGNATURE

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

(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 **TD** ☒ Delete
 NAME **O'CONNER, LUCILLE**
 STREET ADDRESS **130 DOOLEN CT #102E**
 CITY-ST-ZIP **N PALM BEACH FL 33408**

TITLE **TD** ☐ Change ☒ Addition
 NAME **BERTHATOME**
 STREET ADDRESS **130 DOOLEN CT #310E**
 CITY-ST-ZIP **N. PALM BEACH, FL 33408**

TITLE **PD** ☐ Delete
 NAME **VAN DER MOLEN, JOHN**
 STREET ADDRESS **112 DOOLEN CT 203-F**
 CITY-ST-ZIP **N PALM BEACH FL 33408**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **VANDER MOLEN, JOHN**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **COLLIN, LEE**
 STREET ADDRESS **130 DOOLEN 105-E**
 CITY-ST-ZIP **N PALM BEACH FL**

TITLE **PD** ☐ Change ☒ Addition
 NAME **Alfred J. Valenti**
 STREET ADDRESS **112 Dooleen Ct. #103F**
 CITY-ST-ZIP **N. PALM Bch, FL 33408**

TITLE **VP** ☒ Delete
 NAME **DAWSON, ANN**
 STREET ADDRESS **130 DOOLEN COURT 108-E**
 CITY-ST-ZIP **N PALM BEACH FL 33408**

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

TITLE **S** ☐ Delete
 NAME **VALENTI, SANDY**
 STREET ADDRESS **112 DOOLEN COURT #103**
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

Sandra A. Valenti
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-01 **841-1726**
 Date Daytime Phone #

CR2E037 (10/00)