

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90052 024 ****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 3307 NORTHLAKE BLVD STE 107 WEST PALM BEACH, FL 33403		
2. Principal Place of Business - No P.O. Box #		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		
DICKER, KRIVOK, & STOLOFF PA 1818 AUSTRALIAN AVE SOUTH SUITE 400 WEST PALM BEACH, FL 33407			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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	D	☐ Delete	TITLE	DIS	☒ Change ☐ Addition
NAME	CIRULLO, WANDA		NAME		
STREET ADDRESS	112 DOOLEN CT, #307F		STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	VP/D	☒ Change ☒ Addition
NAME	WASTT, DAVID		NAME	DAVID WALSH	
STREET ADDRESS	130 DOOLEN CT, #302 E		STREET ADDRESS	130 DOOLEN CT, # E 302	
CITY-ST-ZIP	N PALM BEACH, FL 33408		CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE	D	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	GETMAN, KATHY		NAME	TONY ROMANO	
STREET ADDRESS	130 DOOLEN CT, #304E		STREET ADDRESS	129 ROOSTER RIVER BLVD	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		CITY-ST-ZIP	BRIDGEPORT, CT 06606	
TITLE	VDS	☒ Delete	TITLE		
NAME	VALENTI, SANDY		NAME		
STREET ADDRESS	112 DOOLEN COURT #103		STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		CITY-ST-ZIP		
TITLE	DP	☐ Delete	TITLE		
NAME	STRAUB, CHUCK		NAME		
STREET ADDRESS	407 TENNESSEE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BRICK, NJ 08723		CITY-ST-ZIP		
TITLE	DT	☐ Delete	TITLE		
NAME	CARTER, MARY		NAME		
STREET ADDRESS	112 DOOLEN CT, #303 F		STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH, FL 33063		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Mary C. Carter</i>			Date: <i>3/29/07</i> Daytime Phone: <i>(561) 626-2778</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					