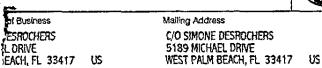
36 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

MENT #747952

LAKES HOMEOWNERS ASSOCIATION II, INC.



FILED
Mar 03, 2006 08:00 AM
Secretary of State





OO NOT WRITE IN THIS SPACE

BIONATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

6. Name and Address of Current Registered Agent

01112006 No Chg-NP CR2E037 (11/05)

4 FEI Number | Applied For | 59-2285588 | Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

WESTHERELL, GLENYS R

WESTHERELL, GLENYS R 5197 NICHOLAS DRIVE W PALM BCH, FL 33417

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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						
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Finant Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRE	CTORS			· · · · · · · · · · · · · · · · · · ·	
THLE NAME STREET ADDRESS GITY-ST-ZIP	VD WEATHERALL, THOMAS 5197 NICHOLAS DR W. PALM BEACH, FL 33417				000000455041 03/15/06-80040-007 61.25 DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DESROCHERS, SIMONE 5189 MICHAEL DRIVE WEST PALM BEACH, FL 33417					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KORNHAUSER, FRED 5174 MICHAEL DR W. PALM BEACH, FL 33417			DO		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEATHERELL, GLENYS R 5197 NICHOLAS DR W .PALM BEACH, FL 33417			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, MARVIN 5077 ALFRED DR W. PALM BEACH, FL 33417					
TITLE NAME STREET ADORESS CITY-ST-ZIP						
12. Thereby certify that the information supplied with this filling does not quality 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 calls; that I am an officer or director of the corporation or the receiver or fustee 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 affectment with an address, with all other like empowered.						