2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 11, 2005 8:00 am Secretary of State DOCUMENT # 760049 1. Entity Name 02-11-2005 90052 029 ****61.25 LAKES OF NEWPORT CONDOMINIUM II ASSOCIATION, Principal Place of Business Mailing Address 7200 NW 1ST STREET PLANTATON FL 33318 P O BOX 16311 PLANTATON FL 33318 50014272 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-2715790 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BONSETT SEABRIGHT, CAROLINE Street Address (P.O. Box Number is Not Acceptable) 4536 SW 30 AVENUE FORT LAUDERDALE FL 33312 lantation 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. Shawn m. Planelle. (NOTE. Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State BONSETT, SAM Change D 10 OFFICERS AND DIRECTORS 11. TITLE **X** Addition ☐ Delete PIANELLI, SHARON NAME NAME 7200 NW 1ST #205 STREET ADDRESS STREET ADDRESS Plantation, FL 33317 FORT LAUDERDALE FL 33317 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition SEABRIGHT, CAROLINE NAME 4536 SW 30 AVENUE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33312 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition KILDARE, FRANÇOISE 7200 NW 1 STREET #206 STREET ADDRESS STREET ADDRESS PLANTATION FL 33317 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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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: _\