2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 29, 2006 8:00 am Secretary of State **DOCUMENT # 760049** 1. Entity Name 03-29-2006 90138 046 ****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 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-2715790 Not Applicable Zip _Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BONSETT, SAM Street Address (P.O. Box Number is Not Acceptable) 7200 NW 1 STREET UNIT 101 FORT LAUDERDALE FL 33317 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 registered agen the obligations of SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to \Box ... Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE □ Delete Change Change ■ Addition Sharon Pianelli PIANELLI, SHARON NAME NAME 7200 N.W. 1 Street #205 Pleatation, Rovida 33317 STREET ADDRESS 7200 NW 1ST #205 STREET ADDRESS FORT LAUDERDALE FL 33317 CITY-ST-ZIP CITY-ST-ZIP 🔀 Delete Addition TITLE TITLE ☐ Change Patrick Neptune BONSETT, SAM NAME NAME 7200 N.W. 1 Street #204 7200 NW 1 STREET #101 STREET ADDRESS STREET ADDRESS PLANTATION FL 33317 Plantation Fronta 33317 CITY-ST-712 CITY-ST-ZIP __ Change __ Addition ☐ Delete TITLE Françoise Kilda KILDARE, FRANCOISE NAME NAME 7200 NW 1 STREET #206 7200 N.W. 1 Street STREET ADDRESS STREET ADDRESS lentation .Fr 33317 CITY-ST-ZIP PLANTATION FL 33317 CITY-ST-ZIP □ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

FILED