


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90027 020 ****61.25

DOCUMENT # 760049			
1. Entity Name LAKEs OF NEWPORT CONDOMINIUM II ASSOCIATION, INC			
Principal Place of Business 7200 NW 1ST STREET PLANTATON FL 33318		Mailing Address P O BOX 16311 PLANTATON FL 33318	
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



1st MOORE CR2E037 (10/06)

4. FEI Number 59-2715790		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BONSETT, SAM 7200 NW 1 STREET UNIT 101 FORT LAUDERDALE FL 33317		7. Name and Address of New Registered Agent Name Patrick Neptune Street Address (P.O. Box Number is Not Acceptable) 7200 NW 1st Street Apt. 204 City Plantation FL Zip Code 33317	
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 <i>Patrick Neptune</i> - Patrick Neptune - 4/23/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME: PIANELLI, SHARON STREET ADDRESS: 7200 NW 1ST #205 CITY-ST-ZIP: PLANTATION FL 33317	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
P NAME: NEPTUNE, PATRICK STREET ADDRESS: 7200 NW 1ST STREET, #204 CITY-ST-ZIP: PLANTATION FL 33317	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
S NAME: KILDARE, FRANCOISE STREET ADDRESS: 7200 NW 1 STREET #206 CITY-ST-ZIP: PLANTATION FL 33317	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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:

Patrick Neptune

4/23/07 (954) 581-6315