2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# 760049

Entity Name: LAKES OF NEWPORT CONDOMINIUM II ASSOCIATION, INC

Current Principal Place of Business:

7200 NW 1ST STREET
PLANTATON, FL 33318

New Principal Place of Business:

7200 NW 1ST STREET
PLANTATON, FL 33317

Current Mailing Address:

P O BOX 16311
PLANTATON, FL 33318

New Mailing Address:

FEI Number: 59-2715790 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEPTUNE, PATRICK
7200 NW 1 STREET UNIT 101
FORT LAUDERDALE, FL 33317 US

Name and Address of New Registered Agent:

PETTINATO, MICHAEL
7200 NW 1 STREET UNIT 104
PLANTATION, FL 33317 US

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.

SIGNATURE: MICHAEL PETTINATO 04/29/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: PIANELLI, SHARON
Address: 7200 NW 1ST #205
City-St-Zip: PLANTATION, FL 33317

Title: P ( ) Delete
Name: NEPTUNE, PATRICK
Address: 7200 NW 1ST STREET, #204
City-St-Zip: PLANTATION, FL 33317

Title: S ( ) Delete
Name: KILDARE, FRANCOISE
Address: 7200 NW 1 STREET #206
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: PETTINATO, MICHAEL
Address: 7200 NW 1ST STREET, #104
City-St-Zip: PLANTATION, FL 33317

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON PIANELLI T 04/29/2009
Electronic Signature of Signing Officer or Director Date