

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 770290**

1. Entity Name  
**LAKEBELLE CONDOMINIUM NO. TWO, INC.**



Principal Place of Business  
**C/O WOODS MANAGEMENT  
2740 W. 5 AVENUE  
HIALEAH, FL 33010**

Mailing Address  
**C/O WOODS MANAGEMENT  
2740 W. 5 AVENUE  
HIALEAH, FL 33010**



01072005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2373260**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**DELGADO, JOAQUIN  
C/O WOODS MANAGEMENT  
2740 W. 5 AVENUE  
HIALEAH, FL 33010**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
PETERS, BRIAN  
5763 WEST 28 AVENUE  
HIALEAH, FL 33016**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
PALACIOS, FRANK  
300 NW 166 AVE  
HOLLYWOOD, FL 33028**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
JOFRES, ROGELIO  
5775 WEST 28 AVEUNE  
HIALEAH, FL 33016**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000213128  
02/03/05-80056-023 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FEB. 01-05 305 5586243-**