2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 770290

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

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

DO NOT WRITE IN THIS SPACE

02042006 No Chg-NP CR2E037 (11/05)

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	PETERS, BRIAN
STREET ADDRESS	5763 WEST 28 AVENUE
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	STD
NAME	PALACIOS, FRANK
STREET ADDRESS	300 NW 166 AVE
CITY-ST-ZIP	HOLLYWOOD, FL 33028
TITLE	PD
NAME	JOFRES, ROGELIO
STREET ADDRESS	5775 WEST 28 AVEUNE
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000431736
02/23/06-80040-007 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Rogelio Jofres 02-10-06 305/5586243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)