## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Feb 28, 2005 8:00 am Secretary of State DOCUMENT # NO1484 1. Entity Name 02-28-2005 90221 012 \*\*\*\*61.25 COUNTRY LANE CONDOMINIUM NO.2 ASSOCIATION, Principal Place of Business Mailing Address 17000 N.W. 67TH AVENUE COUNTRY LANE/ BEST WAY **20013333** 14853 N.E. 20 AVE. NO. MIAMI FL 33181 #335 MIAMI FL 33015 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) City & State City & State Applied For 4. FEI Number 59-2516760 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 BEST WAY PMC Street Address (P.O. Box Number is Not Acceptable) 14853 N.E. 20 AVE NO. MIAMI FL 33181 City 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 the obligations of registered agent. 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 Trust Fund Contribution. Due By May 1, 2005. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. SEC TITLE Delete TITLE ☐ Change Andrea Schaefer Unit 433 WESOLOWSKI, FRANK NAME NAME 1700 NW 67TH AVENUE #244 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33015 CITY-ST-7IP Mi Ami FL 33015 STO VP DIR TITLE TITLE ☐ Change Addition ☐ Detete LOESCHE, SYLVIA Boyd Downy cor NAME PGB thru sup Falus 000+1 17000 NW 67TH AVE #147 STREET ADDRESS STREET ADDRESS **MIAMI FL 33015** CITY-ST-ZIP CITY-ST-ZIP MiAmi FL 33DIS WAR TRE -TITLE Defete FITHE Change ☐ Addition MCKOY, SHIRLEY 17000 NW 67TH AVENUE #335 STREET ADDRESS STREET ADDRESS **MIAMI FL 33015** CITY-ST-7IP CITY-ST-ZIP S€€. ☐ Addition TITLE □ Delete □ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNANG OFFICER/OR DIRECTOR

SIGNATURE:

FILED

Date

Daytime Phone #