2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 16, 2006 8:00 am **DOCUMENT # N01484 Secretary of State** 1. Entity Name 02-16-2006 90047 015 ****61.25 COUNTRY LANE CONDOMINIUM NO.2 ASSOCIATION, Principal Place of Business Mailing Address 17000 N.W. 67TH AVENUE COUNTRY LANE/ BEST WAY 14853 N.E. 20 AVE. MIAMI FL 33015 NO. MIAMI FL 33181 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 1 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change Addition WESOLOWSKI, FRANK NAME NAME 1700 NW 67TH AVENUE #244 STREET ADDRESS STREET ADDRESS **MIAMI FL 33015** CITY-ST-ZIP CITY-ST-ZiP STD Change ■ Addition TITLE Delete TITLE Locache, Sylvia 17000 NW GAMANUE #147 LOESCHE, SYLVIA NAME NAME 17000 NW 67TH AVE #147 STREET ADDRESS STREET ADDRESS MIAMI FL 33015 CITY-ST-70P CITY-ST-ZIP Miami, Fl 53015 VPD Delete TITLE ☑ Change ☐ Addition Hekoy, Shirley Avenue #335 MCKOY, SHIRLEY NAME NAME 17000 NW 67TH AVENUE #335 STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI FL 33015 CITY-ST-ZIP Miami, FI 83015 TITLE ☐ Delete TITLE ☐ Change Addition SCHAEFER, ANDREA NAME STREET ADDRESS 17000 NW 67 AVE UNIT 433 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33015 CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE DOUNDEDS, BUYD Unit 224 DOUNVEOR, BOYD NAME NAME 17000 NW 67 AVE UNIT 24 STREET ADDRESS STREET ADDRESS MIAMI FL 33015 Miami, F1 33015 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition

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.

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE

NAME STREET ADDRESS

Shirley Makus

00/03/04

FILED

305 558-0423