2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006
Secretary of State

DOCUMENT# N05000008681

Entity Name: THE LAKES HOMEOWNERS ASSOCIATION NUMBER TWO, INC.

Current Principal Place of Business:

4932 SOUTH SHORE DRIVE
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

4932 SOUTH SHORE DRIVE
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MENKVELD, J.A.
4932 SOUTH SHORE DRIVE
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

MENKVELD, J A
4932 SOUTH SHORE DRIVE
NEW PORT RICHEY, FL 34652 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: J A MENKVELD 04/11/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MENKVELD, J.A.
Address: 4932 SOUTH SHORE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: DV ( ) Delete
Name: MENKVELD, BETTY J
Address: 4932 SOUTH SHORE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: DST ( ) Delete
Name: VINJE, TERESA A
Address: 4932 SOUTH SHORE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: MENKVELD, J A
Address: 4932 SOUTH SHORE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: J A MENKVELD DP 04/11/2006
Electronic Signature of Signing Officer or Director Date