

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90037 020 ****61.25

DOCUMENT # N23855

1. Entity Name

LAKE SURPRISE II, CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**31 MANGROVE LANE
 KEY LARGO FL 33037**

**31 MANGROVE LANE
 KEY LARGO FL 33037**

80018181



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

20 Mangrove Ln
 Suite, Apt. #, etc.

20 Mangrove Ln
 Suite, Apt. #, etc.

City & State

City & State

Key Largo, FL
 Zip Country
33037 USA

Key Largo FL
 Zip Country
33037 USA

4. FEI Number

65-0045773

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALET, PAUL
31 MANGROVE LANE
KEY LARGO FL 33037

Name **Yolanda Trump**
 Street Address (P.O. Box Number is Not Acceptable)
20 Mangrove Ln

City **Key Largo** **FL** Zip Code **33037**

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.

SIGNATURE **Yolanda Trump**
 Signature, typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	TRUMP, YOLANDA	
STREET ADDRESS	20 MANGROVE LANE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEDEROS, MARIO	
STREET ADDRESS	5 MANGROVE LANE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	B	<input checked="" type="checkbox"/> Delete
NAME	VALET, PAUL	
STREET ADDRESS	31 MANGROVE LANE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	T	<input type="checkbox"/> Delete
NAME	BACALLAO, JOSE	
STREET ADDRESS	28 MANGROVE LANE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	S	<input type="checkbox"/> Delete
NAME	BACALLAO, ROSEMARIE	
STREET ADDRESS	26 MANGROVE LANE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALET, WILLIAM	
STREET ADDRESS	30 MANGROVE LANE	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E037 (9/01)