

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N23855

1. Entity Name
LAKE SURPRISE II, CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**P.O. BOX 37-0293
KEY LARGO, FL 33037 US**

Mailing Address
**P.O. BOX 37-0293
KEY LARGO, FL 33037 US**



01082004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

**TRUMP, YOLANDA
20 MANGROVE LANE
KEY LARGO, FL 33037**

**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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000077961
03/08/04-80008-017 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TRUMP, YOLANDA 20 MANGROVE LANE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ARANGO, ROBERT 21 MANGROVE LANE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VALET, WILLIAM 30 MANGROVE LANE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TRUMP, THOMAS 20 MANGROVE LANE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VALET, GALE 31 MANGROVE LANE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VALET, PAUL 31 MANGROVE LANE KEY LARGO, FL 33037

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IN THIS SPACE**

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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Doan. 3/1/04