

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

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90017 018 ****61.25



DOCUMENT # N23855
 1. Entity Name
LAKE SURPRISE II, CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
74 N BOUNTY LN **74 N BOUNTY LN**
KEY LARGO FL 33037 **KEY LARGO FL 33037**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number Applied For
65-0045773 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



6. Name and Address of Current Registered Agent
CULLEN, RUSSELL
99228 O.S.H
KEY LARGO FL 33037

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TRUMP, YOLANDA	
STREET ADDRESS	20 MANGROVE LANE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	P	<input type="checkbox"/> Delete
NAME	ARANGO, ROBERT	
STREET ADDRESS	21 MANGROVE LANE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	VALET, WILLIAM	
STREET ADDRESS	30 MANGROVE LANE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TRUMP, THOMAS	
STREET ADDRESS	20 MANGROVE LANE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	S	<input type="checkbox"/> Delete
NAME	VALET, GALE	
STREET ADDRESS	31 MANGROVE LANE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	VALET, PAUL	
STREET ADDRESS	31 MANGROVE LANE	
CITY-ST-ZIP	KEY LARGO FL 33037	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRES. JEFF SCHNIER	
STREET ADDRESS	11 MANGROVE LN.	
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		

12. 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.

SIGNATURE: *Jeff Schneider* **JEFF SCHNIER** 3-1-06 305-299-6335