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

FILED Jun 22, 2006 08:00 AN DOCUMENT # N95000003784 **Secretary of State** 1. Entity Name RESIDENCES AT LAKES OF NEWPORT ASSOCIATION. INC. Principal Place of Business Mailing Address 7342 NW 1ST MANOR PLANTATION FL 33317 P O BOX 15876 PLANTATION FL 33318 US 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 65-0602053 Not Applicable Zip Country Zin 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 CANESTRI, NATHALINE Street Address (P.O. Box Number is Not Acceptable) 7342 NW 1ST MANOR PLANTATION FL 33317 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 (NOT). Registered Agent signature required which reinstating) をははない。 をはいばんかんり FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE ☐ Delete TITLE Change Addition JENKS, ROGER NAME NAME U00000567499 151 NW 78TH WAY STREET ADDRESS STREET ADDRESS 06/22/06-80003-002 61.25 PLANTATION FL 33317 CITY-ST-ZIP CITY-ST-ZIP VPD TITLE ☐ Delete Change ☐ Addition CAMESTRI, NATHELINE NAME NAME 7342 NW 1ST MANOR STREET ADDRESS STREET ADDRESS PLANTATION FL 33317 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TD ☐ Delete TITEE DILE NAME: D'AIUTO, FRED NAME STREET ADDRESS 133 N.W. 72ND AVE STREET ADDRESS PLANTATION FL 33317 CITY-ST-ZIP CHTY-ST-ZIP TITLE Delete ☐ Change Addition CROMWELL, PAM STREET ADDRESS **|7213 NW 1ST MANOR** STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33317 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME

12. I hereby certify that the information supplied with this thing does not qualify for the exemptions contained in Section 119. Florida Statutes I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as it made under ooth; that I am an officer or director of the corporation or the recipier 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

STREET ADDRESS

CITY-ST-ZIP