FILE NOW: FILING FEE IS $61.25

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Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006503(3)

1. Corporation Name
LAKES OF WOODHAVEN CONDOMINIUM 2 ASSN.

Principal Place of Business	Mailing Address
Old Court Road 6001 Boca Raton, Fl. 33433	615 Emerald Way East Deerfield Beach, Fl. 33442

3. Date Incorporated or Qualified: 11/18/97

4. FEI Number: 65-0799637 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FELDMAN, MICHAEL J. 500 NE Spanish River Blvd. #205 Boca Raton, Fl. 33431	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SARNOTSKY, MARTHA	1.2 NAME	
STREET ADDRESS	6221 Old Court Rd.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, Fl. 33433	1.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	NORRMAN, BRITT	2.2 NAME	
STREET ADDRESS	6221 Old Court Rd.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, Fl. 33433	2.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CARDUCCI, BILL	3.2 NAME	
STREET ADDRESS	6215 Old Court Rd.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, Fl. 33433	3.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CORRADINO, EMILY	4.2 NAME	
STREET ADDRESS	6229 Old Court Rd.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, Fl. 33433	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	800002448778
STREET ADDRESS		5.3 STREET ADDRESS	-03/06/98--01006--004
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***61.25
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Martha Sarnotsky 2/11/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #