FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **743855** **(9)**

1. Corporation Name

LAKEWOOD CONDOMINIUM ASSOCIATION II, INC.

Principal Place of Business	Mailing Address
3625 BOCA CIEGA DRIVE NAPLES FL 33962	3625 BOCA CIEGA DRIVE NAPLES FL 33962

3. Date Incorporated or Qualified: **08/08/1978**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21, Suite, Apt. #, etc. — 22, City & State — 23, Zip — 24, Country — 25

2a. Mailing Address — 26, Suite, Apt. #, etc. — 27, City & State — 28, Zip — 29, Country — 30

4. FEI Number: **59-2072285** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JODER, MARJORIE J
% ACCTNG & TAX ASSOC OF NAPLES INC
802 ANCHOR RODE DR
NAPLES FL 33940

10. Name and Address of New Registered Agent

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	VPD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BROOKER, JEANNE		1.2 NAME		
STREET ADDRESS	3635 BOCA CIEGA DRIVE, APT. #109		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PHILLIPS, EVAN		2.2 NAME		
STREET ADDRESS	3635 BOCA CIEGA DRIVE, APT. #312		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROHLOFF, EDWARD		3.2 NAME		
STREET ADDRESS	3635 BOCA CIEGA DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP		
TITLE	DT	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PRICE, WILLIAM		4.2 NAME		
STREET ADDRESS	3625 BOCA CIEGA DR 4-310		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHILLING, ALFRED		5.2 NAME		
STREET ADDRESS	3635 BOCA CIEGA DR #204		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	T/D	☐ Change ☒ Addition
NAME			6.2 NAME	Rehder, AL	
STREET ADDRESS			6.3 STREET ADDRESS	3635 Boca Ciega Drive, Apartment #3-312	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Naples, FL 33962	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Edward A. Rohloff Ed Rohloff, President 4/24/96 (941) 775-9436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #