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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 34112-6875

3. Date Incorporated or Qualified: 08/08/1978
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24: 34112-6875 Country 25:

2a. Mailing Address
26: 802 Anchor Rode Drive
Suite, Apt. #, etc.
27
City & State
28: Naples, FL
Zip 29: 34103-2739 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

61 Name
62 Street Address (P.O. Box Number is Not Acceptable): c/o Accounting & Tax Associates of Naples
63
64 City: FL 65 Zip Code: 34103

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	D	☒ 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	D/VP/S	☐ Change ☒ Addition
NAME	PHILLIPS, EVAN		2.2 NAME	MAKRUSKI, WALTER	
STREET ADDRESS	3635 BOCA CIEGA DRIVE, APT. #312		2.3 STREET ADDRESS	3635 BOCA CIEGA DRIVE, #308	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	PD	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	ROHLOFF, EDWARD		3.2 NAME	NEWMAN, RALPH	
STREET ADDRESS	3635 BOCA CIEGA DR.		3.3 STREET ADDRESS	24 FREDRICKSON ROAD	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	BILLERICA, MA 01821	
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	TD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	REHDER, AL		6.2 NAME		
STREET ADDRESS	3635 BOCA CIEGA DR., APT 3-312		6.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: Edward A. Rohloff SIGNATURE REQUIRED Edward A. Rohloff, Pres. 4/21/97 (941) 775-9436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0069961