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May 18 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 # 743855 (9) 1. Corporation Name LAKEWOOD CONDOMINIUM ASSOCIATION II, INC.	



Principal Place of Business 3625 BOCA CIEGA DRIVE NAPLES FL 34112 US	Mailing Address 802 ANCHOR RODE DRIVE NAPLES FL 34103 US
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3. Date Incorporated or Qualified 08/08/1978
4. FEI Number 59-2072285
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

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

9. Name and Address of Current Registered Agent JODER, MARJORIE J C O ACCOUNTING & TAX ASSOCIATES OF NAPLES 802 ANCHOR RODE DR NAPLES FL 34103
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10. Name and Address of New Registered Agent 81 Name Linda J. Combs 82 Street Address (P.O. Box Number is Not Acceptable) c/o Accounting & Tax Associates of Naples 83 802 Anchor Rode Drive 84 City Naples FL 85 Zip Code 34103-2739

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 Linda J. Combs **Linda J. Combs** **4/29/98**
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROOKER, JEANNE 3635 BOCA CIEGA DRIVE, APT. #109 NAPLES FL ☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS MARKRUSKI, WALTER 3635 BOCA CIEGA DRIVE, #308 NAPLES FL ☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, RALPH 24 FREDRICKSON ROAD BILLERICA MA ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PRICE, WILLIAM 3625 BOCA CIEGA DR 4-310 NAPLES FL ☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHILLING, ALFRED 3635 BOCA CIEGA DR #204 NAPLES FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RENDER, AL 3635 BOCA CIEGA DR., APT 3-312 NAPLES FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DP EDWARD A. ROHLOFF 3635 BOCA CIEGA DRIVE, APT #311 NAPLES, FL 34112 ☐ Change ☒ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DS RUDOLPH E. HROMETZ 3635 BOCA CIEGA DRIVE NAPLES, FL 34112 ☐ Change ☒ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	DVP/T ☒ Change ☐ Addition

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: Edward A. Rohloff **Edward A. Rohloff** **4/29/98 (941) 775-9436**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0060800

CR2E037 (10/97)