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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

457781 - 90088 - 44

DOCUMENT # **743855**

1. Corporation Name
LAKEWOOD CONDOMINIUM ASSOCIATION II, INC.

Principal Place of Business	Mailing Address
3625 BOCA CIEGA DRIVE NAPLES FL 34112 US	802 ANCHOR RODE DRIVE NAPLES FL 34103 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/08/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2072285 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

COMBS, LINDA J
C/O ACCOUNTING & TAX ASSOC OF NAPLES
802 ANCHOR RODE DR
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name: c/o Accounting & Tax David J. Hudson, Associates of Naples
82 Street Address (P.O. Box Number is Not Acceptable): 802 Anchor Rode Drive
83: Naples
84 City: FL 85 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: David J. Hudson — April 26, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROHLOFF, EDWARD A		1.2 NAME		
STREET ADDRESS	3635 BOCA CIEGA DR, APT 311		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34112		1.4 CITY-ST-ZIP		
TITLE	DS	☒ DELETE	2.1 TITLE	DS	☐ Change ☒ Addition
NAME	HROMETZ, RUDOLPH E		2.2 NAME	Louise Humphreys	
STREET ADDRESS	3635 BOCA CIEGA DR		2.3 STREET ADDRESS	3425 Boca Ciega Drive #3-107	
CITY-ST-ZIP	NAPLES FL 34112		2. 4 CITY-ST-ZIP	Naples, FL 34112	
TITLE	D	☐ DELETE	3.1 TITLE	Member-At-Large	☒ Change ☐ Addition
NAME	NEWMAN, RALPH		3.2 NAME		
STREET ADDRESS	24 FREDRICKSON ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	BILLERICA MA		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	DVP	☒ Change ☐ Addition
NAME	SCHILLING, ALFRED		4. 2 NAME		
STREET ADDRESS	3635 BOCA CIEGA DR #204		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		
TITLE	DVPT	☒ DELETE	5.1 TITLE	DT	☒ Change ☐ Addition
NAME	REHDER, AL		5.2 NAME	Walter Makruski	
STREET ADDRESS	3635 BOCA CIEGA DR., APT 3-312		5.3 STREET ADDRESS	3635 Boca Ciega Drive #3-308	
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP	Naples, FL 34112	
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 (11/98)

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, with all other like empowered.

SIGNATURE: Edward A. Rohloff **REQUIRED** — Edward A. Rohloff — April 27, 1999 — (941) 775-9436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #