

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743855

1. Entity Name

LAKEWOOD CONDOMINIUM ASSOCIATION II, INC.

FILED  
Apr 10, 2001 8:00 am  
Secretary of State

04-10-2001 90017 015 \*\*\*\*61.25

0005119

Principal Place of Business

Mailing Address

3625 BOCA CIEGA DRIVE  
NAPLES FL 34112  
US

802 ANCHOR RODE DRIVE  
NAPLES FL 34103  
US

00026986



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2072285

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
Malcolm Bluemel

Street Address (P.O. Box Number is Not Acceptable)

c/o Accounting & Tax Associates of Naples

802 Anchor Rode Drive

City

Naples

FL

Zip Code  
34103

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/5/01

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
ROHLOFF, EDWARD A  
3635 BOCA CIEGA DR, APT 311  
NAPLES FL 34112 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
HUMPHREYS, LOUISE  
3635 BOCA CIEGA DR  
NAPLES FL 34112 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
NEWMAN, RALPH  
24 FREDRICKSON ROAD  
BILLERICA MA ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SCHNEIDER, JOSEPH  
60 LN. 755A SNOW LAKE  
FREEMONT, IN 46737 ☐ Change ☒ Addition

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  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
MAKRUSKI, WALTER  
3635 BOCA CIEGA DRIVE #308  
NAPLES FL 34112 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
TESTA, JOHN  
3625 BOCA CIEGA DRIVE #202  
NAPLES, FL 34112-6848 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-2001

941-262-1874

CR2E037 (10/00)