

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743855

1. Entity Name

LAKEWOOD CONDOMINIUM ASSOCIATION II, INC.

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90335 007 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2072285

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLUEMEL, MALCOLM
C/O ACCOUNTING & TAX ASSOC OF NAPLES
802 ANCHOR RODE DR
NAPLES FL 34103

Name

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

City

FL

Zip Code

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

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
SCHNEIDER, JOSEPH
60 LN. 755A SNOW LAKE
FREMONT IN 46737 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
Ingersen, Henry
3635 Boca Ciega Dr. #112
Naples FL 34112 ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

Edward A Rohloff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-2002

239-775-9436

CR2E037 (9/01)