2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State
04-13-2005 90058 031 ****61.25

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1. Entity 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

01102005 Chg-NP CR2E037 (10/03)

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida 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	DP Richard Clark 3625 BOCA CIEGA DR #303 NAPLES, FL 34112	☐ 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	D-S RICHARD MARSHALL 3625 BOCA CIEGA DR # 111 NAPLES, FL 34112	Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT PARFUMORSE, EDWARD 3625 BOCA CIEGA DRIVE #203 NAPLES, FL 34112	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D-T HENRY INGWERSEN 3625 BOCA CIEGA DR #112 NAPLES, FL 34112	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARK, RICHARD 3625 BOCA CIRGA DR. #303 NAPLES, FL 34112	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D-VP JAMES WINKLER 3625 BOCA CIEGA DR #110 NAPLES, FL 34112	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP TESTA, JOHN 3625 BOCA CIEGA DRIVE #202 NAPLES, FL 341126848	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SALLY LUCAS 3625 BOCA CIEGA DR #203 NAPLES, FL 34112	☐ 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: _____ 3-30-05 239-262-1894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #