

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90082 001 ****61.25

DOCUMENT # 743855 1. Entity 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01102007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2072285	
				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		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	DP	☐ Delete	TITLE	DT	☐ Change ☒ Addition
NAME	CLARK, RICHARD		NAME	Brocker, Jeanne	
STREET ADDRESS	3625 BOCA CIAGA DR, # 303		STREET ADDRESS	3635 Boca Ciega Dr. # 109	
CITY-ST-ZIP	NAPLES, FL 34112		CITY-ST-ZIP	Naples FL 34112	
TITLE	DS	☐ Delete	TITLE	DVP	☒ Change ☐ Addition
NAME	MARSHALL, RICHARD		NAME		
STREET ADDRESS	3625 BOCA CIAGA DR, #111		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34112		CITY-ST-ZIP		
TITLE	DT	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	INGWARSEN, HENRY		NAME	Engelsen, Jennifer	
STREET ADDRESS	3625 BOCA CIAGA DR, # 112		STREET ADDRESS	180 School St.	
CITY-ST-ZIP	NAPLES, FL 34112		CITY-ST-ZIP	Marston Mills, MA 02648	
TITLE	DVP	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	WINKLER, JAMAL		NAME		
STREET ADDRESS	3625 BOCA CIAGA DR, # 110		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34112		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	DS	☒ Change ☐ Addition
NAME	PHILLIPS, EVAN		NAME		
STREET ADDRESS	3685 BOCA CIEGA DR. #312		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34112		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an other like empowered.					
SIGNATURE: 			4-17-07 239-262-1874		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		