

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90124 025 ****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

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**

☐ CHECK HERE IF MAKING CHANGES



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 _____

FILE NOW: FEE IS \$61.25

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	DS HUMPHREYS, LOUISE 3635 BOCA CIEGA DR NAPLES FL 34112	☐ Delete
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 INVQWERTSEN, HENRY 3635 BOCA CIEGA DR., #112 NAPLES FL 34112	☒ Delete
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		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Clark, Richard 3625 Boca Ciega Dr. #303 Naples FL 34102	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: _____

Edmond J. Ruffel President

3-26-2003 239-262-1874

CR2E037 (10/02)