

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **748812** (5)

1. Corporation Name

**LAKEWOOD SINGLE FAMILY HOMEOWNERS ASSOCIATION II, INC.**

Principal Place of Business

Mailing Address

**265 S AIRPORT RD  
NAPLES FL 33942**

**265 S AIRPORT RD  
NAPLES FL 33942**



3. Date Incorporated or Qualified  
**09/05/1979**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
**59-2072285**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**R & P MANAGEMENT ASSOCIATES  
265 AIRPORT RD SOUTH  
NAPLES FL 33942**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DECKER, PATTI</b>	
STREET ADDRESS	<b>4599 CHIPPENDALE DR</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	
TITLE	<b>PF</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HUFF, DENNIS</b>	
STREET ADDRESS	<b>4498 BEECHWOOD LAKE DR</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHLITZ, CHARLES</b>	
STREET ADDRESS	<b>4618 LAKEWOOD BLVD</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCCRAY, ROBERT</b>	
STREET ADDRESS	<b>4622 LAKEWOOD BLVD</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BOCK, THOMAS</b>	
STREET ADDRESS	<b>4579 CHIPPENDALE DR</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ALE, NEWTON</b>	
STREET ADDRESS	<b>4616 CHIPPENDALE DR</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	

11 TITLE	<b>DP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>Morris, Joseph</b>	
13 STREET ADDRESS	<b>125 Debron Dr.</b>	
14 CITY - ST - ZIP	<b>Naples, FL 33962</b>	
21 TITLE	<b>DVP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>Biddle, Carmie</b>	
23 STREET ADDRESS	<b>4629 Chippendale Dr.</b>	
24 CITY - ST - ZIP	<b>Naples, FL 33962</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	<b>DT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>Back, May</b>	
43 STREET ADDRESS	<b>4579 Chippendale Dr.</b>	
44 CITY - ST - ZIP	<b>Naples, FL 33962</b>	
51 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>Hoffman, David</b>	
53 STREET ADDRESS	<b>218 Dent Dr.</b>	
54 CITY - ST - ZIP	<b>Naples, FL 33962</b>	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Carmie D. Biddle, Vice President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/96**  
Date

**732-1207**  
Daytime Phone

CR2E037 (12/95)