

FILE NOW: FILING FEE IS \$61.25

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Apr 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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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**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country

3. Date incorporated or Qualified  
**09/05/1979**  
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**  
7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No  
8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
**R & P MANAGEMENT ASSOCIATES  
265 AIRPORT RD SOUTH  
NAPLES FL 33942**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b>	1.1 TITLE	<b>SD</b>
NAME	<b>JOKALA, KURT</b>	1.2 NAME	<b>Tabit, Edwina</b>
STREET ADDRESS	<b>4833 LAKEWOOD BLVD</b>	1.3 STREET ADDRESS	<b>4610 Lakewood Blvd.</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	1.4 CITY-ST-ZIP	<b>Naples, FL. 34112</b>
TITLE	<b>DVP</b>	2.1 TITLE	<b>D</b>
NAME	<b>BIDDLE, CORWIN</b>	2.2 NAME	<b>LOY, BETTY</b>
STREET ADDRESS	<b>4629 CHIPPENDALE DRIVE</b>	2.3 STREET ADDRESS	<b>4601 Chippendale Drive</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	2.4 CITY-ST-ZIP	<b>Naples, FL. 34112</b>
TITLE	<b>D</b>	3.1 TITLE	<b>D</b>
NAME	<b>SCHULTZ, CHARLES</b>	3.2 NAME	<b>KOONTZ, BOB</b>
STREET ADDRESS	<b>4818 LAKEWOOD BLVD</b>	3.3 STREET ADDRESS	<b>4625 Chippendale Dr.</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	3.4 CITY-ST-ZIP	<b>Naples, FL. 34112</b>
TITLE	<b>DT</b>	4.1 TITLE	
NAME	<b>BOCK, MAY</b>	4.2 NAME	
STREET ADDRESS	<b>4579 CHIPPENDALE DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<b>VPD</b>
NAME	<b>HOFFMAN, DAVID</b>	5.2 NAME	
STREET ADDRESS	<b>218 DENT DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>PD</b>	6.1 TITLE	
NAME	<b>ALE, NEWTON</b>	6.2 NAME	
STREET ADDRESS	<b>4616 CHIPPENDALE DR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	6.4 CITY-ST-ZIP	

14. 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 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: 4/15/98 **REQUIRED** 4/3/98 **941-643-3353**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0061115

CR2E037 (10/97)