

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000007143

1. Entity Name
LAKEVIEW II AT SUMMERWIND CONDOMINIUM
ASSOCIATION, INC.



FILED
DEC 23 PM 3:40

REINSTATEMENT
FLORIDA

T. Roberts DEC 27 2005

Principal Place of Business
10481 SIX MILE CYPRESS PKWY
FT. MYERS, FL 33912

Mailing Address
10481 SIX MILE CYPRESS PKWY
FT. MYERS, FL 33912

2. Principal Place of Business

3. Mailing Address



MANAGEMENT SERVICES, INC.
12734 Kenwood Ln., Suite 49
Ft. Myers, FL 33907 USA



MANAGEMENT SERVICES, INC.
12734 Kenwood Ln., Suite 49
Ft. Myers, FL 33907 USA

0182005 REIN-NP CR2E099 (6/04)

FEI Number
51-0524720
Applied For
Not Applicable
Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHIELDS, CHRISTOPHER J
10481 SIX MILE CYPRESS PKWY
FT. MYERS, FL 33912

7. Name and Address of New Registered Agent

Name

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

800062514688

City

12/30/05-01064-007 FL 25

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
After January 1, 2006, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D SORENSON, ANDY ☐ Delete
10481 SIX MILE CYPRESS PKWY
FT. MYERS, FL 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D MCMURRAY, DARIN ☒ Delete
10481 SIX MILE CYPRESS PKWY
FT. MYERS, FL 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D BURNS, ALAN R. ☒ Delete
10481 SIX MILE CYPRESS PKWY
FT. MYERS, FL 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D Benson, Steve ☐ Change ☒ Addition
10481 Six Mile Cypress Pkwy.
Ft. Myers, FL 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D Hagen, John ☐ Change ☒ Addition
10481 Six Mile Cypress Pkwy.
Ft. Myers, FL 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASM Roeding, Don ☐ Change ☒ Addition
12734 Kenwood Lane, Suite 49
Ft. Myers, FL 33907

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

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. 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/20/05 235 935-2555