

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007143

FILED
Jan 16, 2012
Secretary of State

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

Current Principal Place of Business:

C/O TROPICAL ISLES MANAGEMENT SERVICES
12734 KENWOOD LN STE 49
FT. MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

C/O TROPICAL ISLES MANAGEMENT SERVICES
12734 KENWOOD LN STE 49
FT. MYERS, FL 33907

New Mailing Address:

FEI Number: 51-0524720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROPICAL ISLES MANAGEMENT
12734 KENWOOD LANE
SUITE 49
FT. MYERS, FL 33907 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: SHORTINO, STEVE
Address: 12181 SUMMERGATE CIRCLE, #101
City-St-Zip: FORT MYERS, FL 33913

Title: VP
Name: GEIGER, DAVID
Address: 12171 SUMMERGATE CIRCLE, #102
City-St-Zip: FORT MYERS, FL 33913

Title: ST
Name: GEIGER, MICHAEL
Address: 12181 SUMMERGATE CIRCLE, #102
City-St-Zip: FORT MYERS, FL 33913

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEANNIE NESPOLI

CAM

01/16/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date