

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748812

**Entity Name:** LAKEWOOD SINGLE FAMILY HOMEOWNERS ASSOCIATION II, INC.**FILED**  
**Apr 21, 2023**  
**Secretary of State**  
**9640606911CC****Current Principal Place of Business:**2685 HORSESHOE DR. S #215  
NAPLES, FL 34104**Current Mailing Address:**2685 HORSESHOE DR. S #215  
NAPLES, FL 34104 US**FEI Number: 65-0339505****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**RESORT MANAGEMENT  
2685 HORSESHOE DR. S #215  
NAPLES, FL 34104 US*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: RIGO ROIG****04/21/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** PRESIDENT, DIRECTOR  
**Name** JOKELA, RICK  
**Address** 2180 WEST SR 434 STE 5000  
**City-State-Zip:** LONGWOOD FL 32779**Title** VP, DIRECTOR  
**Name** CANTISANI, JOSEPH  
**Address** 2180 WEST SR 434 STE 5000  
**City-State-Zip:** LONGWOOD FL 32779**Title** TREASURER  
**Name** WALKER, JAMES  
**Address** 2180 WEST SR 434 STE 5000  
**City-State-Zip:** LONGWOOD FL 32779**Title** SECRETARY  
**Name** JOANN, MORRIS  
**Address** 2685 HORSESHOE DR. S #215  
**City-State-Zip:** NAPLES FL 34104**Title** DIRECTOR  
**Name** DIPAOLO, SHARON  
**Address** 2685 HORSESHOE DR. S #215  
**City-State-Zip:** NAPLES FL 34104

*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: RICK JOKELA****PRESIDENT****04/21/2023**

Electronic Signature of Signing Officer/Director Detail

Date