

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 18, 2015
Secretary of State
CC9897517384

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

Current Mailing Address:

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

FEI Number: 51-0524720

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name SHORTINO, STEVE
Address C/O TROPICAL ISLES MANAGEMENT SERVICES
12734 KENWOOD LN STE 49
City-State-Zip: FT. MYERS FL 33907

Title VP
Name GEIGER, DAVID
Address C/O TROPICAL ISLES MANAGEMENT SERVICES
12734 KENWOOD LN STE 49
City-State-Zip: FT. MYERS FL 33907

Title ST
Name GEIGER, MICHAEL
Address C/O TROPICAL ISLES MANAGEMENT SERVICES
12734 KENWOOD LN STE 49
City-State-Zip: FT. MYERS FL 33907

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: STEVE SHORTINO

PRESIDENT

03/18/2015

Electronic Signature of Signing Officer/Director Detail

Date