

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000007143

**FILED**  
**Mar 28, 2019**  
**Secretary of State**  
**3195560734CC**

**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**

**03/28/2019**

Electronic Signature of Signing Officer/Director Detail

Date