## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 735589**

FILED Mar 11, 2009 Secretary of State

Entity Name: LAKEWOOD VILLAS II HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Principal P	New Principal Place of Business:	
			·		
4165 LAKEWOOD BLVD NAPLES, FL 33962				4165 LAKEWOOD BLVD NAPLES, FL 34112	
Current Mailing Address:			New Mailing Add	New Mailing Address:	
4165 LAKEWOOD BLVD NAPLES, FL 33962				4165 LAKEWOOD BLVD NAPLES, FL 34112	
El Number	r: 59-1722199	FEI Number Applied For()	FEI Number Not Applicable (	) Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and Addre	ess of New Registered Agent:	
NAPLES, The above n the State	EWOOD BLVD FL 34112 U e named entity see of Florida.	IS	urpose of changing its regis	stered office or registered agent, or both,	
SIGNATURE: Electronic Signature of Registered Agent			nt	Date	
OFFICER	S AND DIREC			ANGES TO OFFICERS AND DIRECTORS:	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name:	MALOY, THOM, 4185 LAKEWO NAPLES, FL 34 P () REILLY, ROBE 4189 LAKEWO NAPLES, FL 34 D () NELSON, MATT 4135 LAKEWO NAPLES, FL 34 T () YOUNG, PAUL	OD BLVD. 4112 Delete RT OD BLVD 4112 Delete 'HEW OD BLVD 4112 Delete	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition  ( ) Change ( ) Addition  ( ) Change ( ) Addition	
Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip:		4112 Delete OD BLVD	Address: City-St-Zip: Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL YOUNG T 03/11/2009