

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2007 8:00 am
Secretary of State

08-24-2007 90025 034 ****61.25

DOCUMENT # 748812 1. Entity Name LAKWOOD SINGLE FAMILY HOMEOWNERS ASSOCIATION II, INC.					
Principal Place of Business 12709 TAMiami TrL E NAPLES, FL 34113			Mailing Address 12709 TAMiami TrL E NAPLES, FL 34113		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0339505	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PLATINUM PROPERTY MANAGEMENT LLC 1016 COLLIER CENTER WAY, STE. #102 NAPLES, FL 34110				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
D NICHOLSON, SOTINE 4575 BEECH WOOD LAKE DA NAPLES, FL 34112	T Sue Lubienieki 4624 Lakewood Blvd Naples, FL 34112				
S MAY, BOCK 4579 CHIPPENDALE DR. NAPLES, FL 34112	Joanne Morris 537 Landmark Dr. Naples, FL 34112				
D BIDDLE, CORWIN 4629 CHIPPENDALE DRIVE NAPLES, FL 34112	VP Joanne Morris 537 Landmark Dr. Naples, FL 34112				
PD ALE, NEWTON 4616 CHIPPENDALE DRIVE NAPLES, FL 34112	P Rick Jokela 4634 Lakewood Blvd Naples, FL 34112				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>[Signature]</u> 8/20/07 774-7897 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					