

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748812

FILED
Apr 22, 2009
Secretary of State

Entity Name: LAKEWOOD SINGLE FAMILY HOMEOWNERS ASSOCIATION II,INC.

Current Principal Place of Business:

PLATINUM PROPERTY MANAGEMENT LLC
1016 COLLIER CENTER WAY, SUITE #102
NAPLES, FL 34113

New Principal Place of Business:

PLATINUM PROPERTY MANAGEMENT, LLC
1016 COLLIER CENTER WAY, SUITE #102
NAPLES, FL 34110

Current Mailing Address:

PLATINUM PROPERTY MANAGEMENT LLC
1016 COLLIER CENTER WAY, SUITE #102
NAPLES, FL 34113

New Mailing Address:

PLATINUM PROPERTY MANAGEMENT, LLC
1016 COLLIER CENTER WAY, SUITE #102
NAPLES, FL 34110

FEI Number: 65-0339505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLATINUM PROPERTY MANAGEMENT LLC
1016 COLLIER CENTER WAY, STE. #102
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

PLATINUM PROPERTY MANAGEMENT, LLC
1016 COLLIER CENTER WAY, STE. #102
NAPLES, FL 34110 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: PLATINUM PROPERTY MANAGEMENT LLC

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: NEWTON, ALE
Address: 4616 CHIPENDALE
City-St-Zip: NAPLES, FL 34112

Title: P () Delete
Name: MORRIS, JOANNE
Address: 537 LANDMARK DR
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: WAGNER, MIKE
Address: 4528 BEECHWOOD LAKE DR
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: DIAMOND, ROBERT
Address: 4622 LAKEWOOD BLVD
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: HEROLD, TOBY
Address: 4576 CHIPENDALE DR
City-St-Zip: NAPLES, FL 34112

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: LARSON, ANGELA
Address: 545 LANDMARK DRIVE
City-St-Zip: NAPLES, FL 34112

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WAGNER, MICHAEL
Address: 4528 BEECHWOOD LAKE DR
City-St-Zip: NAPLES, FL 34112

Title: S (X) Change () Addition
Name: LUBIENIECKI, SUSAN
Address: 4624 LAKEWOOD BLVD
City-St-Zip: NAPLES, FL 34112

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: PASLER, ANDREW
Address: 536 LANDMARK DRIVE
City-St-Zip: NAPLES, FL 34112

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: JOANNE MORRIS

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date