2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2010
Secretary of State

DOCUMENT# 748812

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 34110

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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:

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

OFFICERS AND DIRECTORS:

Title: T
Name: LARSON, ANGELA
Address: 545 LANDMARK DRIVE
City-St-Zip: NAPLES, FL 34112

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

Title: VP
Name: WAGNER, MICHAEL
Address: 4528 BEECHWOOD LAKE DR
City-St-Zip: NAPLES, FL 34112

Title: S
Name: LUBIENIECKI, SUSAN
Address: 4624 LAKEWOOD BLVD
City-St-Zip: NAPLES, FL 34112

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

Title: D
Name: PASLER, ANDREW
Address: 536 LANDMARK DRIVE
City-St-Zip: NAPLES, FL 34112

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: JOANNE MORRIS P 04/20/2010

Electronic Signature of Signing Officer or Director — Date