

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009756

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** LAKEWOOD VILLAGE SECTION II RESIDENTS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O BCH MGT. GROUP; ATTN: DIANA MOORE  
1840 BOY SCOUT DRIVE, SUITE B  
FORT MYERS, FL 33907 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BCH MGT. GROUP; ATTN: DIANA MOORE  
1840 BOY SCOUT DRIVE, SUITE B  
FORT MYERS, FL 33907 US

**New Mailing Address:**

**FEI Number:** 20-1571053

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BCH MANAGEMENT GROUP  
C/O DIANA MOORE  
1840 BOY SCOUT DRIVE, SUITE B  
FORT MYERS, FL 33907 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: PD ( ) Delete  
Name: ROSTAMIAN, BEN  
Address: 847 SAN REMO DRIVE  
City-St-Zip: WESTON, FL 33326 US

Title: VPD ( ) Delete  
Name: PEREZ, JULIO SR  
Address: 8536 BEEKMAN DRIVE  
City-St-Zip: MIRAMAR, FL 33025 US

Title: STD ( ) Delete  
Name: WALLACE, MARY  
Address: 540 HICKORY DRIVE  
City-St-Zip: GREENBURG, PA 15601 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: DIANA MOORE

AGT

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date