

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000009506

**Entity Name:** PARK TWO AT LAKEWOOD CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Jul 14, 2023**  
**Secretary of State**  
**1823665511CC****Current Principal Place of Business:**C/O MYTOWN COMMUNITIES  
2830 WINKLER AVE #101  
FORT MYERS, FL 33916**Current Mailing Address:**C/O MYTOWN COMMUNITIES  
2830 WINKLER AVE #101  
FORT MYERS, FL 33916 US**FEI Number: 22-3888705****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KNOX LEVINE, P.A.  
36354 U.S. HWY 19 N  
PALM HARBOR, FL 34684 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:** BRYAN B. LEVINE, ESQ.**07/14/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	GRICE, JOHN
Address	C/O MYTOWN COMMUNITIES 2830 WINKLER AVE #101
City-State-Zip:	FORT MYERS FL 33916

Title	SECRETARY, TREASURER
Name	SALITROS, JOSEPH
Address	C/O MYTOWN COMMUNITIES 2830 WINKLER AVE #101
City-State-Zip:	FORT MYERS FL 33916

Title	VP
Name	PRUSANSKY, TIMOTHY
Address	C/O MYTOWN COMMUNITIES 2830 WINKLER AVE #101
City-State-Zip:	FORT MYERS FL 33916

*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:** JOHN GRICE**PRESIDENT****07/14/2023**

Electronic Signature of Signing Officer/Director Detail

Date