

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000009506

**Entity Name:** PARK TWO AT LAKEWOOD CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 29, 2014**  
**Secretary of State**  
**CC3004201245**

**Current Principal Place of Business:**

14851 PARK LAKE DRIVE  
FORT MYERS, FL 33919-2146

**Current Mailing Address:**

14851 PARK LAKE DRIVE  
FORT MYERS, FL 33919

**FEI Number: 22-3888705**

**Certificate of Status Desired: No**

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

RAMIREZ, CARLOS A  
4531 DELEON STREET  
SUITE 211  
FT. MYERS, FL 33907 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name WALTER, HICKS  
Address 14851 PARK LAKE DR  
City-State-Zip: FORT MYERS FL 33919

Title S/TD  
Name NETSCH, BETH  
Address 14851 PARK LAKE DR.  
City-State-Zip: FORT MYERS FL 33919

Title VPD  
Name KALAKOWSKI, FRANCIS  
Address 14851 PARK LAKE DR.  
City-State-Zip: FORT MYERS FL 33919

*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: WALTER HICKS**

**PRESIDENT**

**04/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date