

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000009756

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

**FILED**  
**Feb 15, 2013**  
**Secretary of State**  
**CC0677506944**

**Current Principal Place of Business:**

C/O ALLIANT PROPERTY MANAGEMENT, LLC  
6719 WINKLER ROAD, SUITE 200  
FORT MYERS, FL 33919

**Current Mailing Address:**

C/O ALLIANT PROPERTY MANAGEMENT, LLC  
6719 WINKLER ROAD, SUITE 200  
FORT MYERS, FL 33919 US

**FEI Number: 20-1571053**

**Certificate of Status Desired: No**

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

ALLIANT PROPERTY MANAGEMENT, LLC  
6719 WINKLER ROAD  
SUITE 200  
FORT MYERS, FL 33919 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 BUCKLEY, DONALD  
Address 8371 VILLAGE EDGE CIRCLE #3  
City-State-Zip: FORT MYERS FL 33919

Title VP  
Name HARRIS, PATRICIA  
Address 8390 VILLAGE EDGE CIRCLE #2  
City-State-Zip: FORT MYERS FL 33919

Title TSD  
Name DEUTSCH, FRANK  
Address 8350 VILLAGE EDGE CIRCLE #4  
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: DONALD BUCKLEY**

**PRESIDENT**

**02/15/2013**

Electronic Signature of Signing Officer/Director Detail

Date