

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000009756

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

**FILED**  
**Mar 31, 2024**  
**Secretary of State**  
**2412462167CC**

**Current Principal Place of Business:**

C/O FLORIDA SUNSET MGMT  
1520 ROYAL PALM SQUARE BLVD 360  
FT MYERS, FL 33919

**Current Mailing Address:**

C/O FLORIDA SUNSET MGMT  
1520 ROYAL PALM SQUARE BLVD 360  
FT MYERS, FL 33919 US

**FEI Number:** 20-1571053

**Certificate of Status Desired:** No

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

MACKESY, STEVEN  
C/O FLORIDA SUNSET MGMT  
1520 ROYAL PALM SQUARE BLVD 360  
FT 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:** STEVEN MACKESY

03/31/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name OUELLETTE, RYAN  
Address C/O FLORIDA SUNSET MGMT  
1520 ROYAL PALM SQUARE BLVD 360  
City-State-Zip: FT MYERS FL 33919

Title PRESIDENT  
Name FLYNN, CHRIS  
Address C/O FLORIDA SUNSET MGMT  
1520 ROYAL PALM SQUARE BLVD 360  
City-State-Zip: FT MYERS FL 33919

Title TREASURER  
Name DILLMAN, MICHAEL  
Address C/O FLORIDA SUNSET MGMT  
1520 ROYAL PALM SQUARE BLVD 360  
City-State-Zip: FT 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:** CHRIS FLYNN

**PRESIDENT**

03/31/2024

Electronic Signature of Signing Officer/Director Detail

Date