

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # 728747 (7)

1. Corporation Name

LAKEWOOD CONDOMINIUM ASSOCIATION I, INC.

Principal Place of Business

Mailing Address

3645 BOCA CIEGA DR
NAPLES FL 33962

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NAPLES FL 33962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/06/1974	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1722203	Applied For Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
22. City & State	27. City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
23. Zip	28. Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. Zip	25. Country			
29. Zip	30. Country			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAGANS ROBERT K.
3655 BOCA CIEGA
NAPLES FL 33962

81 Name GARDNER JOAN
82 Street Address (P.O. Box Number is Not Acceptable) 3645 BOCA CIEGA DR., APT 106
83
84 City NAPLES FL
85 Zip Code 33962

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Joan Gardner
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FEBRUARY 23, 1995
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	ATTAS JOHN 3655 BOCA CIEGA DR. NAPLES FL 33962	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME ATTAS INO	
STREET ADDRESS		1.3 STREET ADDRESS 3655 BOCA CIEGA DR.	
CITY-ST-ZIP		1.4 CITY-ST-ZIP NAPLES FL 33962	
TITLE VD	WOOLRIDGE MARIE 3655 BOCA CIEGA DR. NAPLES FL 33960	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE TD	HAGANS, ROBERT E 3655 BOCA RATON CIEGA DR. NAPLES FL 33460	3.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME GARDNER JOAN	
STREET ADDRESS		3.3 STREET ADDRESS 3645 BOCA CIEGA DR.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP NAPLES FL 33962	
TITLE SD	DAVIS HENRY 3655 BOCA CIEGA DR. NAPLES FL 33962	4.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME BAIR HEREDITH	
STREET ADDRESS		4.3 STREET ADDRESS 3645 BOCA CIEGA DR.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP NAPLES FL 33962	
TITLE D	ROSSETTI ROBERT 3655 BOCA CIEGA DR. NAPLES FL 33962	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE D	SPRING PHYLLIS 3655 BOCA CIEGA DR. NAPLES FL 33962	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

J. Attas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEBRUARY 23, 1995 (813) 775 4633
DATE TELEPHONE #