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Mar 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 728747 (7)

1. Corporation Name

LAKEWOOD CONDOMINIUM ASSOCIATION I, INC.



Principal Place of Business

Mailing Address

3645 BOCA CIEGA DR
NAPLES FL 33962

3645 BOCA CIEGA DR
NAPLES FL 34112-6877

3. Date Incorporated or Qualified
02/06/1974

3a. Date of Last Report
03/20/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-1722203

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARDNER, JOAN
3645 BOCA CIEGA DR #106
NAPLES FL 33962

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code
34112

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME ATTAS, INO
STREET ADDRESS 3655 BOCA CIEGA DR.
CITY-ST-ZIP NAPLES FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD DELETE
NAME WOOLRIDGE MARIE
STREET ADDRESS 3655 BOCA CIEGA DR.
CITY-ST-ZIP NAPLES FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD DELETE
NAME GARDNER, JOAN
STREET ADDRESS 3645 BOCA CIEGA DR
CITY-ST-ZIP NAPLES FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD DELETE
NAME BAIR, MEREDITH
STREET ADDRESS 3645 BOCA CIEGA DR
CITY-ST-ZIP NAPLES FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME ROSSETTI ROBERT
STREET ADDRESS 3655 BOCA CIEGA DR.
CITY-ST-ZIP NAPLES FL 33962

5.1 TITLE Change Addition
5.2 NAME ~~WESTON, HAROLD~~
5.3 STREET ADDRESS 3645 BOCA CIEGA DR., UNIT 305
5.4 CITY-ST-ZIP NAPLES FL 34112

TITLE D DELETE
NAME SPRING PHYLLIS
STREET ADDRESS 3655 BOCA CIEGA DR.
CITY-ST-ZIP NAPLES FL 33962

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 3, 1997

941 775 4633

CR2E037 (9/96)