

FILE NOW: FILING FEE IS \$61.25

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Mar 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 728747 (7)**  
1. Corporation Name  
**LAKWOOD CONDOMINIUM ASSOCIATION I, INC.**



Principal Place of Business <b>3645 BOCA CIEGA DR NAPLES FL 34112 US</b>	Mailing Address <b>3645 BOCA CIEGA DR NAPLES FL 34112 US</b>
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3. Date Incorporated or Qualified <b>02/06/1974</b>
4. FEI Number <b>59-1722203</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GARDNER, JOAN  
3845 BOCA CIEGA DR #106  
NAPLES FL 34112**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	ATTAS, INO
STREET ADDRESS	3655 BOCA CIEGA DR.
CITY-ST-ZIP	NAPLES FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	WOOLRIDGE MARIE
STREET ADDRESS	3655 BOCA CIEGA DR.
CITY-ST-ZIP	NAPLES FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	GARDNER, JOAN
STREET ADDRESS	3845 BOCA CIEGA DR #106
CITY-ST-ZIP	NAPLES FL 34112
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	BAIR, MEREDITH
STREET ADDRESS	3845 BOCA CIEGA DR
CITY-ST-ZIP	NAPLES FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WESTON, HAROLD
STREET ADDRESS	3845 BOCA CIEGA DR UNIT 305
CITY-ST-ZIP	NAPLES FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SPRING PHYLLIS
STREET ADDRESS	3655 BOCA CIEGA DR.
CITY-ST-ZIP	NAPLES FL 33962

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Becker, William
1.3 STREET ADDRESS	3645 Boca Ciega DR #205
1.4 CITY-ST-ZIP	NAPLES FL 34112
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HARPER, DON
2.3 STREET ADDRESS	3655 Boca Ciega DR #301
2.4 CITY-ST-ZIP	NAPLES FL 34112
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BRIEGIN, JACKIE
4.3 STREET ADDRESS	3655 Boca Ciega DR #110
4.4 CITY-ST-ZIP	NAPLES FL 34112
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MCGARRAGHY, MARY
5.3 STREET ADDRESS	3655 Boca Ciega DR #108
5.4 CITY-ST-ZIP	NAPLES FL 34112
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	HAWKINS, MARY
6.3 STREET ADDRESS	3655 Boca Ciega DR #207
6.4 CITY-ST-ZIP	NAPLES FL 34112

14. I 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: *Joan Gardner* DATE: *MARCH 12, 1998* *941/775-2434*

CR2E037 (10/97)