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03-29-1999 90086 025 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 728747

1. Corporation Name

LAKEWOOD CONDOMINIUM ASSOCIATION I, INC.

Principal Place of Business

3645 BOCA CIEGA DR
 NAPLES FL 34112
 US

Mailing Address

3645 BOCA CIEGA DR
 NAPLES FL 34112
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/06/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1722203	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25	Country	30	Country	\$5.00 May Be Added to Fees	

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 34112				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, WILLIAM	1.2 NAME	
STREET ADDRESS	3645 BOCA CIEGA DRIVE #205	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34112	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPER, DON	2.2 NAME	
STREET ADDRESS	3655 BOCA CIEGA DRIVE #301	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34112	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, JOAN	3.2 NAME	ATTAS, IND
STREET ADDRESS	3645 BOCA CIEGA DRIVE #106	3.3 STREET ADDRESS	3655 BOCA CIEGA DRIVE #101
CITY-ST-ZIP	NAPLES FL 34112	3.4 CITY-ST-ZIP	NAPLES, FL 34112
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIGRIW, JACKIE	4.2 NAME	MCCALL, R. ALLAN
STREET ADDRESS	3655 BOCA CIEGA DRIVE #110	4.3 STREET ADDRESS	3655 BOCA CIEGA DRIVE #202
CITY-ST-ZIP	NAPLES FL 34112	4.4 CITY-ST-ZIP	NAPLES, FL 34112
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	PAGLIS, JAMES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGARRAGHY, MARY	5.2 NAME	
STREET ADDRESS	3655 BOCA CIEGA DRIVE #108	5.3 STREET ADDRESS	3655 BOCA CIEGA DRIVE #201
CITY-ST-ZIP	NAPLES FL 34112	5.4 CITY-ST-ZIP	NAPLES, FL 34112
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, MARY	6.2 NAME	
STREET ADDRESS	3655 BOCA CIEGA DRIVE #207	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34112	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: _____ DATE: March 11, 1999
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR REQUIRED
 Daytime Phone #: 941-417-9748

CR2E037 (11/98)