

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90002 034 ****61.25

DOCUMENT # 728747

1. Entity Name

LAKEWOOD CONDOMINIUM ASSOCIATION I, INC.

Principal Place of Business

Mailing Address

3645 BOCA CIEGA DR
 NAPLES FL 34112
 US

3645 BOCA CIEGA DR
 NAPLES FL 34112-6877
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1722203

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARDNER, JOAN
3645 BOCA CIEGA DR #106
NAPLES FL 34112

Name

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

City

FL

Zip Code

8. 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

Joan Gardner

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

(NOTE: Registered Agent signature required when reinstating)

3/20/00

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BECKER, WILLIAM	
STREET ADDRESS	3645 BOCA CIEGA DRIVE #205	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HARPER, DON	
STREET ADDRESS	3655 BOCA CIEGA DRIVE #301	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	TD	<input type="checkbox"/> Delete
NAME	INO, ATTAS	
STREET ADDRESS	3655 BOCA CIEGA DR. #101	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCCALL, ALLAN R	
STREET ADDRESS	3655 BOCA CIEGA DR #202	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCGARRAGHY, MARY	
STREET ADDRESS	3655 BOCA RATON CIEGA DR. #202	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAWKINS, MARY	
STREET ADDRESS	3655 BOCA CIEGA DRIVE #207	
CITY-ST-ZIP	NAPLES FL 34112	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Irene Fox	
STREET ADDRESS	3645 BOCA CIEGA DR #201	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRY DAVIS	
STREET ADDRESS	3645 BOCA CIEGA DR #301	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Paghis	
STREET ADDRESS	3655 BOCA CIEGA DR #201	
CITY-ST-ZIP	NAPLES FL 34112	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William K. Becker* **William K. Becker** 3/12/00 941-417-0289

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)