

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90044 016 \*\*\*\*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  
 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) DATE 1/8/02

**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 type="checkbox"/> Delete
NAME	IRENE, FOX	
STREET ADDRESS	3645 BOCA CIEGA DR #201	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	TDS	<input type="checkbox"/> Delete
NAME	INO, ATTAS	
STREET ADDRESS	3655 BOCA CIEGA DR. #101	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	<input type="checkbox"/> Delete
NAME	RISSO, PHIL	
STREET ADDRESS	3645 BOCCA CIEGA DR #308	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, HARRY	
STREET ADDRESS	3645 BOCA CIEGA DR #301	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAGLIS, JAMES	
STREET ADDRESS	3655 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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 DATE: 1/8/02 DAYTIME PHONE #: 941-417-0289  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)