


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 728747</b>	
1. Entity Name <b>LAKEWOOD CONDOMINIUM ASSOCIATION I, INC.</b>	

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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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E037 (11/03)

4. FEI Number <b>59-1722203</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>
<b>GARDNER, JOAN 3645 BOCA CIEGA DR #106 NAPLES FL 34112</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUSSO, PHIL <input type="checkbox"/> Delete 3645 BOCA CIEGA DR #308 NAPLES FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AGOSTON, LOU <input type="checkbox"/> Delete 3645 BOCA CIEGA DR #309 NAPLES FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BECKER, WILLIAM <input type="checkbox"/> Delete 3645 BOCA CIEGA DR #208 NAPLES FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FESSENDEN, JOHN <input type="checkbox"/> Delete 3645 BOCA CIEGA #104 NAPLES FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, HARRY <input type="checkbox"/> Delete 3645 BOCA CIEGA DR #301 NAPLES FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEMONS, NELL <input type="checkbox"/> Delete 3655 BOCA CIEGA DR #109 NAPLES FL 34112

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 02/16/04-80069-007-61-25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>William K. Beck</i>	Treasurer	2/11/04	239 417 0289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #