

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728747

FILED
Apr 28, 2005
Secretary of State

Entity Name: LAKEWOOD CONDOMINIUM ASSOCIATION I, INC.

Current Principal Place of Business:

3645 BOCA CIEGA DR
NAPLES, FL 34112 US

New Principal Place of Business:

Current Mailing Address:

3645 BOCA CIEGA DR
NAPLES, FL 34112 US

New Mailing Address:

FEI Number: 59-1722203 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ROSS, BYRON
6700 LONE OAK BLVD
NAPLES, FL 34109 US

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: BYRON ROSS

04/28/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RUSSO, PHIL
Address: 3645 BOCA CIEGA DR #308
City-St-Zip: NAPLES, FL 34112

Title: VD () Delete
Name: AGOSTON, LOU
Address: 3645 BOCA CIEGA DR #309
City-St-Zip: NAPLES, FL 34112

Title: TD () Delete
Name: BECKER, WILLIAM
Address: 3645 BOCA CIEGA DR #208
City-St-Zip: NAPLES, FL 34112

Title: SD () Delete
Name: FESSENDEN, JOHN
Address: 3645 BOCA CIEGA #104
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: DAVIS, HARRY
Address: 3645 BOCA CIEGA DR #301
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: CLEMONS, NELL
Address: 3655 BOCA CIEGA DR #109
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BYRON ROSS

MGR

04/28/2005

Electronic Signature of Signing Officer or Director

Date