

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728747

FILED  
Apr 18, 2007  
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:**

6700 LONE OAK BLVD  
NAPLES, FL 34109 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:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

Title: VP ( ) Delete  
Name: THOMAS, LEE  
Address: 3655 BOCA CIEGA DR #204  
City-St-Zip: NAPLES, FL 34112

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

Title: S ( ) 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: GARDNER, JOAN  
Address: 3645 BOCA CIEGA DR, #106  
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: T (X) Change ( ) Addition  
Name: FESSENDEN, JOHN  
Address: 3645 BOCA CIEGA DR #104  
City-St-Zip: NAPLES, FL 34112

Title: S (X) Change ( ) Addition  
Name: BECKER, WILLIAM  
Address: 3645 BOCA CIEGA #208  
City-St-Zip: NAPLES, FL 34112

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 Chapter 119, 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

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MGR

04/18/2007

\_\_\_\_\_  
Date