

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728747

FILED
Apr 18, 2012
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:

6704 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:

GUARDIAN PROPERTY MANAGEMENT
6704 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
Name: MOORE, CAROL
Address: 3645 BOCA CIEGA DR #109
City-St-Zip: NAPLES, FL 34112

Title: VP
Name: FOX, MARY ALICE
Address: 3645 BOCA CIEGA DR #312
City-St-Zip: NAPLES, FL 34112

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

Title: S
Name: FESSENDEN, JOHN
Address: 3655 BOCA CIEGA DR #104
City-St-Zip: NAPLES, FL 34112

Title: D
Name: O'BRIEN, MARILYN
Address: 3645 BOCA CIEGA DR #202
City-St-Zip: NAPLES, FL 34112

Title: D
Name: CLEMONS, NELL
Address: 3645 BOCA CIEGA DR #109
City-St-Zip: NAPLES, FL 34112

I hereby 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 all other like empowered.

SIGNATURE: BYRON L ROSS

MGR

04/18/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date