

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathum
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **739532** (0)
1. Corporation Name
LAKEWOOD VILLAS IV HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**265 AIRPORT ROAD SOUTH
NAPLES FL 33962** **265 AIRPORT ROAD SOUTH
NAPLES FL 33962**

3. Date Incorporated or Qualified 06/30/1977	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1891982	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip 29	Country 25	Country 30
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9. Name and Address of Current Registered Agent

**ALFRED BRIAN
R & P MANAGEMENT ASSOCIATES INC
265 AIRPORT ROAD SOUTH
NAPLES FL 33962**

10. Name and Address of New Registered Agent

81 Name R & P management Assoc
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Alfred Conroy* DATE *4/16/95*

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	SMITH, THOM
STREET ADDRESS	3251 BOCA CIEGA DR
CITY, ST, ZIP	NAPLES FL
TITLE	D
NAME	HIGLEY, DONALD
STREET ADDRESS	3235 BOCA CIEGA DR
CITY, ST, ZIP	NAPLES FL
TITLE	TD
NAME	KENNETH, EMLY
STREET ADDRESS	3283 BOCA CIEGA DR
CITY, ST, ZIP	NAPLES FL
TITLE	D
NAME	MILLER, CHARLES
STREET ADDRESS	3347 BOCA CIEGA DR.
CITY, ST, ZIP	NAPLES FL
TITLE	SD
NAME	KRUGER, PHYLLIS
STREET ADDRESS	3471 BOCA CIEGA DR
CITY, ST, ZIP	NAPLES FL
TITLE	PD
NAME	CUFAUDE, HAROLD
STREET ADDRESS	3303 BOCA CIEGA DR
CITY, ST, ZIP	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	McGRAIN, WILLIAM
23 STREET ADDRESS	3291 Boca Ciega Drive
24 CITY, ST, ZIP	NAPLES, FL
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	D
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	NEUMAN, MUEL
43 STREET ADDRESS	8327 Boca Ciega Drive
44 CITY, ST, ZIP	NAPLES, FL
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Harold Cufau* DATE: *4-26-95*