

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739532

1. Entity Name

LAKEWOOD VILLAS IV HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90129 009 \*\*\*\*61.25

Principal Place of Business

265 AIRPORT ROAD SOUTH  
NAPLES FL 34104  
US

Mailing Address

265 AIRPORT ROAD SOUTH  
NAPLES FL 34104-3518  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1891982

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

R & P MANAGEMENT ASSOC  
R & P MANAGEMENT ASSOCIATES INC  
265 AIRPORT ROAD SOUTH  
NAPLES FL 34104

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, THOM	
STREET ADDRESS	3251 BOCA CIEGA DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VANKAMPEN, ROBERT	
STREET ADDRESS	3295 BOCA CIEGA DRIVE	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	<input type="checkbox"/> Delete
NAME	GENEVIEVE, HEALY	
STREET ADDRESS	3427 BOCA CIEGA DR.	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VAN DE VENTER, RAYMOND	
STREET ADDRESS	3215 BOCA CIEGA DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KRUGER, PHYLLIS	
STREET ADDRESS	3471 BOCA CIEGA DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CUFAUDE, HAROLD	
STREET ADDRESS	3303 BOCA CIEGA DR	
CITY-ST-ZIP	NAPLES FL	

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAN KAMPEN, Robert	
STREET ADDRESS	3295 Boca Ciega Drive	
CITY-ST-ZIP	Naples, FL 34112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Healy, Genevieve	
STREET ADDRESS	3427 Boca Ciega Drive	
CITY-ST-ZIP	Naples, FL 34112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hild, John	
STREET ADDRESS	3395 Boca Ciega Drive	
CITY-ST-ZIP	Naples, FL 34112	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Light, Mike	
STREET ADDRESS	3431 Boca Ciega Drive	
CITY-ST-ZIP	Naples, FL 34112	

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*Signature of Genevieve Healy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1800 261-1551

CR2E037 (9/99)