

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739532

FILED
Apr 14, 2004
Secretary of State**Entity Name:** LAKEWOOD VILLAS IV HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104 US**New Principal Place of Business:****Current Mailing Address:**C/O R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104 US**New Mailing Address:****FEI Number:** 59-1891982**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**R & P MANAGEMENT ASSOC
R & P MANAGEMENT ASSOCIATES INC
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104 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:** VD () Delete
Name: VAN KAMPEN, ROBERT
Address: 3295 BOCA CIEGA DRIVE
City-St-Zip: NAPLES, FL 34112**Title:** DP () Delete
Name: HEALY, DON
Address: 3427 BOCA CIEGA DRIVE
City-St-Zip: NAPLES, FL 34112**Title:** D () Delete
Name: BODEM, DAVID
Address: 3347 BOCA CIEGA DR.
City-St-Zip: NAPLES, FL 34112**Title:** D () Delete
Name: MARTIN, BARBARA
Address: 3359 BOCA CIEGA DRIVE
City-St-Zip: NAPLES, FL 34112**Title:** SD () Delete
Name: HILD, JOHN
Address: 3395 BOCA CIEGA DRIVE
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:** TD (X) Change () Addition
Name: BODEM, DAVID
Address: 3347 BOCA CIEGA DR.
City-St-Zip: NAPLES, FL 34112**Title:** SD (X) Change () Addition
Name: MENTONE, FRANK
Address: 3451 BOCA CIEGA DRIVE
City-St-Zip: NAPLES, FL 34112**Title:** D (X) Change () Addition
Name: LEES, JACK
Address: 3219 BOCA CIEGA DRIVE
City-St-Zip: NAPLES, FL 34112

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: DON HEALY

PD

04/14/2004

Electronic Signature of Signing Officer or Director

Date