## **2006 NOT-FOR-PROFIT CORPORATION** ANNUAL REPORT

## **DOCUMENT #739532**

1. Entity Name LAKEWOOD VILLAS IV HOMEOWNERS ASSOCIATION,



**FILED** Apr 13, 2006 8:00 am Secretary of State

04-13-2006 90309 017 \*\*\*\*61.25

INC.	OD VIEDAO IV HOMEOVII					
	STLE COMMUNITY MANAGEMENT CENTER WAY, #4	P O BOX 8478	C/O SANDCASTLE COMMUNITY MANAGEMENT P O BOX 8478		1181 P1186 (1118 1184 6181) 41811 81811 81811	(8)) F(8))(9) 8) 199)
2 Principal P	lane of Rusiness	3. Mailing Address				
2. Principal Place of Business		3. Mailing Address		1 18844 1888 9 1810 18		IAIA BIBILIEI BI IBBI
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01182006 Ch	g-NP CR2E037 (11/	(05)
City & State		City & State		4. FEI Number 59-1891982	2	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Sta		5 Additional equired
	6. Name and Address of Current	Registered Agent	Name	7. Name and Addr	ess of New Registered Agent	
DEARMAS, EDUARDO				· <del>-</del> -	- <del>-</del>	
SANDCAS	TLE COMMUNITY MANAGEM	MENT	Street Addre	ss (P.O. Box Number is N	ot Acceptable)	
1716 TRAI NAPLES, I	DE CENTER WAY, #4					
NAFELO, I	L 34109		City		FL Zig	Code
8. The above	named entity submits this statement for	or the purpose of changing its	registered office or reg	stered agent, or both, in t		with, and accept
	tions of registered agent.	or and perpette or ornariging no	rogicionos or rog	otoroo agont, or sour, are	To diato or y torroot. Y arri torrina.	man, and accept
ı						
SIGNATURE :	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	: Registered Agent signature red	quired when reinstating)	OATE	
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Cam Trust Fund C	npaign Financing contribution.	\$5.00 May Be Added to Fees	Make check paya Florida Department	
10.	Due by May 1, 2006 OFFICERS AND DE	Trust Fund C	ontribution.	Added to Fees  ADDITIONS/CHANGE	Florida Department S TO OFFICERS AND DIRECTO	ORS IN 10
TITLE NAME STREET ADDRESS	Due by May 1, 2006  OFFICERS AND DO  DP  VAN KAMPEN, ROBERT  3295 BOCA CIEGA DRIVE	Trust Fund C	Ontribution.   11.  TITLE CONTROL  NAME STREET ADDRESS	Added to Fees	Florida Department	ORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DE VAN KAMPEN, ROBERT	Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees  ADDITIONS/CHANGE	Florida Department S TO OFFICERS AND DIRECTO	ORS IN 10 Dange Addition
TITLE NAME STREET ADDRESS	Due by May 1, 2006  OFFICERS AND DO  DP  VAN KAMPEN, ROBERT  3295 BOCA CIEGA DRIVE  NAPLES, FL 34112	Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees  ADDITIONS/CHANGE	Florida Department S TO OFFICERS AND DIRECTO	ORS IN 10 Dange Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2006  OFFICERS AND DI  DP  VAN KAMPEN, ROBERT 3295 BOCA CIEGA DRIVE NAPLES, FL 34112  T  BANTZ, THOMAS M 3243 BOCA CIELA DRIVE NAPLES, FL 341126107	Trust Fund C	Ontribution.	Added to Fees  ADDITIONS/CHANGE	Florida Department S TO OFFICERS AND DIRECTO CO	PRS IN 10 Page Addition Page Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

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JI.	VI.	1	ıv	NE	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/-/0- G6 239-596-7200 Date Daytime Phone #