

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90011 035 ****61.25

DOCUMENT # 739532

1. Entity Name
LAKEWOOD VILLAS IV HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**C/O SANDCASTLE COMMUNITY MANAGEMENT
1719 TRADE CENTER WAY, #4.
NAPLES, FL 34109 US**

Mailing Address
**C/O SANDCASTLE COMMUNITY MANAGEMENT
P O BOX 8478
NAPLES, FL 34109 US**

20011111



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02012008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1891982

Applied For
Not Applicable

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

**DEARMAS, EDUARDO
SANDCASTLE COMMUNITY MANAGEMENT
1716 TRADE CENTER WAY, #4
NAPLES, FL 34109**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
VAN KAMPEN, ROBERT
3295 BOCA CIEGA DRIVE
NAPLES, FL 34112** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Treasurer
Van Kampen, Robert
3295 Boca Ciega Drive
Naples, FL 34112** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCGRAIN, WILLIAM
3291 BOCA CIEGA DR
NAPLES, FL 34112** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice President
Lees, John
3219 Boca Ciega Drive
Naples FL 34112** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BODEM, DAVID
3347 BOCA CIEGA DR.
NAPLES, FL 34112** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary
Stillo, Anthony
3229 Boca Ciega Drive
Naples, FL 34112** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MENTONE, FRANK
3451 BOCA CIEGA DRIVE
NAPLES, FL 34112** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BONAQUIST, SUZANNE J
3815 BOCA CIEGA DRIVE
NAPLES, FL 34112** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KIBODEAUX, BARBARA
3367 BOCA CIEGA DR
NAPLES, FL 34112** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE: *Robert J. Van Kampen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/08
Date Daytime Phone #