2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State
02-26-2007 90067 007 ****61.25

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1. Entity Name
LAKEWOOD TERRACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
794 SANDERS DR., STE. 1 PORT ORANGE, FL 32127	794 SANDERS DR., STE. 1 PORT ORANGE, FL 32127

40024320

01052007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
20-2813968
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KOREY, ROBERT KIT
595 WEST GRANADA BLVD., STE. A
ORMOND BEACH, FL

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	PAYTAS, JAMES W. JR.
STREET ADDRESS	794 SANDERS DR., STE. 1
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	DP
NAME	PAYTAS, JAMES W. SR.
STREET ADDRESS	794 SANDERS DR., STE. 1
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	D
NAME	PAYTAS, STEPHEN L.
STREET ADDRESS	794 SANDERS DR., STE. 1
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: _____ 2-11-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #