

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004602

FILED
Apr 17, 2008
Secretary of State

Entity Name: LAKEWOOD TERRACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

794 SANDERS DR., STE. 1
PORT ORANGE, FL 32127

New Principal Place of Business:

1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119

Current Mailing Address:

794 SANDERS DR., STE. 1
PORT ORANGE, FL 32127

New Mailing Address:

1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119

FEI Number: 20-2813968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BARKIN, MICHELE `
1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119 US

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: MICHELE BARKIN

04/17/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: PAYTAS, JAMES W. JR.
Address: 794 SANDERS DR., STE. 1
City-St-Zip: PORT ORANGE, FL 32127

Title: DP () Delete
Name: PAYTAS, JAMES W. SR.
Address: 794 SANDERS DR., STE. 1
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: PAYTAS, STEPHEN L.
Address: 794 SANDERS DR., STE. 1
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JAMES W. PAYTAS, SR.

DP

04/17/2008

Electronic Signature of Signing Officer or Director

Date