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Feb 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N28322 (8)

1. Corporation Name  
LAKEWOOD TOWNHOME OWNERS' ASSOCIATION, INC.



Principal Place of Business: 55-7 SHANNON DR, SANTA ROSA BEACH FL 32459 US  
Mailing Address: 55-7 SHANNON DR, SANTA ROSA BEACH FL 32459 US

3. Date Incorporated or Qualified: 09/12/1988  
4. FEI Number: 59-2958997  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: 21 Suite, Apt #, etc; 22 City & State; 23 Zip; 24 Country  
2a. Mailing Address: 26 Suite, Apt #, etc; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUTHRIE, THOMAS  
55-12 SHANNON DRIVE  
SANTA ROSA BEACH FL 32459

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LASLIE, MILDRED F		1.2 NAME	JANET EVANS	
STREET ADDRESS	55-6 SHANNON DR		1.3 STREET ADDRESS	17-4 SHANNON DR	
CITY-ST-ZIP	SANTA ROSA BCH. FL		1.4 CITY-ST-ZIP	SANTA ROSA BEACH, FL	
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTHRIE, THOMAS		2.2 NAME		
STREET ADDRESS	55-12 SHANNON DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	SANTA ROSA BCH FL		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELDS, BARBARA		3.2 NAME		
STREET ADDRESS	LAKEWOOD TOWNHOMES #1		3.3 STREET ADDRESS		
CITY-ST-ZIP	SANTA ROSA BCH. FL		3.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORLAND, NANCY		4.2 NAME		
STREET ADDRESS	55-7 SHANNON DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	SANTA ROSA BEACH FL		4.4 CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FIELDS, CHARLES		5.2 NAME	MILDRED LASLIE	
STREET ADDRESS	17-1 SHANNON DRIVE		5.3 STREET ADDRESS	55-6 SHANNON DR	
CITY-ST-ZIP	SANTA ROSA BEACH FL		5.4 CITY-ST-ZIP	SANTA ROSA BEACH, FL	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nancy M. Borland 2-2-98 (850) 231-5369

CR2E037 (10/97)