

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # N28322

1. Corporation Name

Dalanda of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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LAKEWOOD TOWNHOME OWNERS' ASSOCIATION, IN	LAKEWOOD	TOWNHOME	OWNERS'	ASSOCIATION.	INC
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Country

9. Name and Address of Current Registered Agent

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Principal Place of Business	
55-7 SHANNON DR SANTA ROSA BEACH FL 32459	
UA	

Mailing Address

55-7 SHANNON DR

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

SANTA ROSA BEACH FL 32459

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FILED Mar 04, 1999 8:00 am § Secretary of State

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3. Date incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

09/12/1988

59-2958997

4. FEI Number **

GUTHRIE, THOMAS			82	Street	Address (P.O. Box Number is Not Acceptable)		
55-12 SHA	INNON DRIVE					 .	
SANTA RO	ISA BEACH FL 32459		83		•		ì
			84	City	FL	85 Zip C	ode
						anning its s	agistarad
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	Signature, typed or printed name of registered agent and title if applicable.	/NOTE: Red	istered Agen	t signature :	required when reinstating) DATE		
12.	OFFICERS AND DIRECTORS	Ī	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12
TITLE	SD	DELETE	1.1 TITLE			Change	☐ Addition
NAME	EVANS, JANET		1.2 NAME				
STREET ADDRESS	17-4 SHANNON DR		1.3 STREET	ADDRESS	3		
CITY-ST-ZIP	SANTA ROSA BEACH FL	1	1.4 CITY-S1	-ZIP	·		
TITLE		DELÉTE	2.1 TITLE			Change	☐ Addition
NAME	GUTHRIE, THOMAS	1	2.2 NAME				
STREET ADDRESS	55-12 SHANNON DR		2.3 STREET	ADDRESS			
CITY-ST-ZIP	SANTA ROAS BCH FL		2.4 CITY-S	T-ZIP	·		÷ • • • •
TITLE	D	DELETE	3.1 TITLE			_] Change	☐ Addition
NAME	FIELDS, BARBARA		3.2 NAME				
STREET ADDRESS	LAKEWOOD TOWNHOMES #1		3.3 STREET	ADDRESS	S		
CITY-ST-ZIP	SANTA ROSA BCH. FL		3.4, CITY-S	T- ZIP			
TITLE	TD	DELĒTE	4.1 TITLE		1	Change	☐ Addition
NAME	BORLAND, NANCY		4. 2 NAME				1
STREET ADDRESS	55-7 SHANNON DR		4.3 STREET	ADDRESS			
CITY-ST-ZIP	SANTA ROSA BEACH FL		4.4 CITY-ST	r-zip	<u> </u>	7.01	
TITLE	VD	DELETE	5.1 TITLE		· I	Change	☐ Addition
NAME	LASLIE, MILDRED		5.2 NAME				
STREET ADDRESS	55-6 SHANNON DR		5.3 STREET		5		l
CITY-ST-ZIP	SANTA ROSA BEACH FL		5.4 CITY-ST	r∙ZIP		70	C Addition
TITLE	[] DELETE	6.1 TITLE			Сһалде	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET				
CITY-ST-21P			6.4 CITY-ST	r-ZIP			,

Country

81 Name

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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, with all other like empowered.

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable