

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28322

FILED  
Feb 06, 2006  
Secretary of State

Entity Name: LAKEWOOD TOWNHOME OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

55 SHANNON DRIVE., #8  
SANTA ROSA BEACH, FL 32459 US

**New Principal Place of Business:**

**Current Mailing Address:**

55 SHANNON DRIVE., #8  
SANTA ROSA BEACH, FL 32459 US

**New Mailing Address:**

FEI Number: 59-2958997      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LASLIE, MILDRED  
55 SHANNON DRIVE., #8  
SANTA ROSA BEACH, FL 32459 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GAGE, RALPH  
Address: 44 EVE CIR.  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: VD ( ) Delete  
Name: LASLIE, MILDRED  
Address: 55 SHANNON DRIVE., #8  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: TD ( ) Delete  
Name: KEYES, KASSY  
Address: 55 SHANNON DRIVE., #5  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: SD ( ) Delete  
Name: FILLINGIM, LIBBY  
Address: 55 SHANNON DRIVE., #11  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD (X) Change ( ) Addition  
Name: FILLINGIM, LIBBY  
Address: 327 BRAEWOOD DR.  
City-St-Zip: MOBILE, AL 36609 US

Title: TD (X) Change ( ) Addition  
Name: SCICILUNA, RHINALDO  
Address: 17 SHANNON DR. UNIT 1  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: SD (X) Change ( ) Addition  
Name: GAGE, FRANCESCA  
Address: 44 EVE CIRCLE  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CELESTE DAVID

OF

02/06/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date