

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28322

FILED
Apr 05, 2007
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:

17 SHANNON DR. UNIT 1
SANTA ROSA BEACH, FL 32459 US

Current Mailing Address:

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

New Mailing Address:

17 SHANNON DR. UNIT 1
SANTA ROSA BEACH, FL 32459 US

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: FILLINGIM, LIBBY
Address: 327 BRAEWOOD DR.
City-St-Zip: MOBILE, AL 36609 US

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

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

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:

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

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

04/05/2007

Electronic Signature of Signing Officer or Director

Date