

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90099 037 ****61.25



DOCUMENT # N28322
1. Entity Name
LAKWOOD TOWNHOME OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
17 SHANNON DR. UNIT 1 17 SHANNON DR. UNIT 1
SANTA ROSA BEACH FL 32459 SANTA ROSA BEACH FL 32459
US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-2958997 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent
LASLIE, MILDRED
55 SHANNON DRIVE., #8
SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent
Name: **Rino Scicluna Jr.**
Street Address (P.O. Box Number is Not Acceptable): **17 SHANNON DR # 1**
City: **SANTA ROSA Bch** FL Zip Code: **32459**

8. 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: DATE: **4/11/08**

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | GAGE, RALPH | |
| STREET ADDRESS | 44 EVE CIR. | |
| CITY-ST-ZIP | SANTA ROSA BEACH FL 32459 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | FILLINGIM, LIBBY | |
| STREET ADDRESS | 327 BRAEWOOD DR. | |
| CITY-ST-ZIP | MOBILE AL 36609 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | SCICILUNA, RINALDO Rino | |
| STREET ADDRESS | 17 SHANNON DR. UNIT 1 | |
| CITY-ST-ZIP | SANTA ROSA BEACH FL 32459 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | GAGE, FRANCESCA | |
| STREET ADDRESS | 44 EVE CIRCLE | |
| CITY-ST-ZIP | SANTA ROSA BEACH FL 32459 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CELESTE DAVID | |
| STREET ADDRESS | 55 SHANNON DR #9 | |
| CITY-ST-ZIP | SANTA ROSA Bch FL. 32459 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like entries.

SIGNATURE: DATE: **4/11/08**