

# N 28322

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

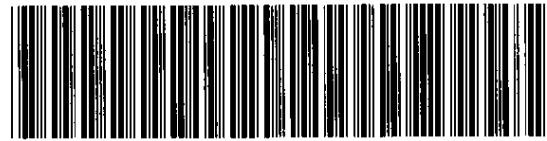
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400409454914

**ROBERT E. LEE**

ATTORNEY AT LAW

POST OFFICE BOX 1447

FORT WALTON BEACH, FLORIDA 32549

26 RACETRACK RD., N.W., SUITE A  
FT. WALTON BEACH, FL 32548

AREA CODE 904  
TELEPHONE 863-8903

September 7, 1988

**N28322**

Corporate Records Bureau  
Division of Corporations  
Department of State  
Post Office Box 6327  
Tallahassee, Florida 32314

09/09/88	00110	012
NON PROFIT		
REGISTERED AGENT		20.00
CERT/PHOTO COPY		5.00
NON PROFIT		30.00
=====		
TOTAL		55.00

Re: Lakewood Townhome Owners' Association, Inc.

Gentlemen:

I am enclosing the original and one copy of the Articles of Incorporation of the above-named non-profit corporation and would appreciate it if you would file the same and return to me one certified copy.

Also enclosed is my check in the sum of \$55.00 to cover the filing fee, certified copy cost, and registered agent designation.

Very truly yours,

*[Signature]*  
ROBERT E. LEE

REL:mat

Encls.

Activity	BR 9-12-88
Examiner	BR 6/A
Operator	
Updater	
Verifier	
Account Manager	
W.P. Number	

56

FILED  
1988 SEP 12 PM 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

LAKEWOOD TOWNHOME OWNERS' ASSOCIATION, INC.

FILED  
SEP 12 PM 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

In compliance with the requirement of Chapter 617 of the Florida Statutes, the undersigned have this day voluntarily associated themselves together for the purpose of forming a corporation not for profit and do hereby certify:

ARTICLE I. The name of the corporation is Lakewood Townhome Owners' Association, Inc.

ARTICLE II. The principal office of the association is located at 29-A Miracle Strip Parkway, Ft. Walton Beach, Florida 32548.

ARTICLE III. The individual who is hereby appointed as the initial resident agent of this association is William B. Harbeson, III.

ARTICLE IV. This association does not contemplate pecuniary gain or profit to the members thereof, and the specific purposes for which it is formed are to provide for maintenance, preservation and architectural control of the residence lots and common areas within that certain tract of property (hereinafter called the "property") described as follows:

Lakewood of Seagrove Beach Plat 1, as recorded in Plat Book 8, Page 14, of the Public Records of Walton County, Florida.

and to promote the health, safety and welfare of the residents within the property and any additions thereto as may hereafter be brought within the jurisdiction of this association for the purpose to:

(a) exercise all of the powers and privileges and to perform all of the duties and obligations of the association as set forth in that certain Declaration of Covenants, Conditions and Restrictions, hereinafter called the "Declaration", applicable to the property and recorded or to be recorded in the Office of the Clerk of Circuit Court of Walton County, Florida, and as the same may be amended from time to time as therein provided, said Declaration being incorporated herein as if set forth at length;

(b) fix, levy, collect and enforce payment by any lawful means, all charges or assessments pursuant to the terms of the Declaration; to pay all expenses in connection therewith and all office and

other expenses incident to the conduct of the business of the association, including all licenses, taxes or governmental charges levied or imposed against the property of the association;

(c) acquire (by gift, purchase or otherwise), own, hold, improve, build upon, operate, maintain, convey, sell, lease, transfer, dedicate for public use or otherwise dispose of real or personal property in connection with the affairs of the association;

(d) borrow money, provided, however such power to borrow shall not include the power to pledge, mortgage, deed in trust or hypothecate any of the common area as security for money borrowed or for debts incurred;

(e) dedicate, sell or transfer all or any part of the common area to any public agency, authority, or utility for such purposes and subject to such conditions as may be agreed to by the members. No such dedication or transfer shall be effective unless an instrument has been signed by two-thirds (2/3) of each class of members, agreeing to such dedication, sale or transfer;

(f) participate in mergers and consolidations with other nonprofit corporations organized for the same purposes or annex additional residential property and common areas, provided that any such merger, consolidation or annexation, shall have the assent of two-thirds (2/3) of each class of members;

(g) maintain, repair, replace, operate and manage the above-described property and any improvements therein including the right to reconstruct improvements owned by the association after casualty and to make further improvements of the property or to purchase additional property and improvements;

(h) enter into contracts for management, insurance coverage, maintenance, leasing and to delegate all of the powers and duties of the association except those the delegation of which may be required by the Declaration to have approval of the board of directors or membership of the association;

(i) enforce the provisions of the proposed Declaration, these Articles of Incorporation, the By-Laws of the association which may be hereafter adopted, and the rules and regulations governing the use of

the property and the improvements thereon as same may be hereafter established;

(j) exercise, undertake and accomplish all of the rights, duties and obligations which may be granted to or imposed upon the association pursuant to the Declaration, and

(k) have and to exercise any and all powers, rights and privileges which a corporation organized under Chapter 617 of the Florida Statutes regarding corporations not for profit may now or hereafter have or exercise together with all other powers reasonably necessary to effectuate the purpose of the association as set out herein.

ARTICLE V. Every person or entity who is a record fee simple owner of a lot within Lakewood of Seagrove Beach Plat I shall be a member of the association. Membership shall be appurtenant to and may not be separated from ownership of any lot. No member can assign, hypothecate or transfer in any manner, except as an appurtenance to his lot, his interest in the funds and assets of the association subject to the limitation that the same be expended, held or used for the benefit of the membership and for the purposes authorized herein, in the proposed Declaration, and in the By-Laws which may be hereafter adopted.

ARTICLE VI. The association shall have two classes of voting membership.

Class A. Class A members shall be all owners with the exception of the declarant (as defined in the Declaration), who shall become a Class A member when declarant's Class B membership ceases as provided hereafter, and shall be entitled to one vote for each lot owned. When more than one person holds an interest in any lot, all such persons shall be members. The vote for such lot shall be exercised as they among themselves determine, but in no event shall more than one vote be cast with respect to any lot.

Class B. Class B members shall be declarant and shall be entitled to three votes for each lot owned. The Class B membership shall cease and be converted to Class A membership on the happening of either of the following events, whichever occurs earlier:

- (a) when the total votes outstanding in the Class A membership equal the total votes outstanding in the Class B membership, or



ARTICLE XI. The association may be dissolved with the assent given in writing and signed by not less than 2/3 of each class of members. Upon dissolution of the association, other than incident to a merger or consolidation, the assets, both real and personal, of the association shall be dedicated to an appropriate public agency to be used for purposes similar to those for which this association was created. In the event that such dedication is refused acceptance, such assets shall be granted, conveyed and assigned to any non-profit corporation, association, trust or other organization to be devoted to such similar purposes.

ARTICLE XII. An amendment or amendments to these Articles of Incorporation may be proposed either by 60% of the entire membership or by the board of directors of the association acting upon a vote of the majority of the directors. To become effective, such amendment or amendments must be approved by an affirmative vote of 75% of the entire membership cast in person or by proxy at a specially called meeting for such purpose, the notice of which shall describe the amendment or amendments being proposed.

ARTICLE XIII. No part of the income of the association shall inure to the benefit of any individual or member, and the association shall not carry on propaganda, or otherwise act to influence legislation.

ARTICLE XIV. Every director and every other officer of the association shall be indemnified by the association against all expenses and liabilities, including counsel fees, reasonably incurred by or imposed upon him in connection with any proceedings to which he may be a party or in which he may become involved, by reason of his being or having been a director or officer of the association, whether or not he is a director or officer at the time such expenses are incurred except in such cases wherein the director or officer is adjudged guilty of willful misfeasance or malfeasance in the performance of his duties. The foregoing right of indemnification shall be in addition to and not exclusive of all other rights to which any such director or officer may be entitled.

ARTICLE XV. Any indebtedness or liability, direct or contingent, must be authorized by an affirmative vote of two-thirds (2/3) of each class of members cast at a lawfully held meeting of the membership.

ARTICLE XVI. For those actions which, by the provisions of preceding articles, require a vote of the members, there must be a duly held meeting. Written notice, setting forth the purpose of the meeting shall be given to all members not less than 14 days nor more than 60 days in advance of the meeting.

The presence of members or of proxies entitled to cast sixty percent (60%) of the votes of the membership shall constitute a quorum. If the required quorum is not forthcoming at any meeting, another meeting may be called, subject to the notice requirement set forth above, and the required quorum at such subsequent meeting shall be one-half of the required quorum of the preceding meeting. No such subsequent meeting shall be held more than sixty (60) days following the preceding meeting.

At the first annual meeting the members shall elect directors for a term of one year. Should a vacancy occur prior to that time, the remaining directors may elect a person or persons to fill the vacancy or vacancies for an unexpired term. In the event that sixty percent (60%) of the members are not present in person or by proxy, the members not present may give their written assent to the action taken thereat.

ARTICLE XVII. The names and addresses of the subscribers of these Articles of Incorporation are:

William B. Harbeson, III  
889 East Miracle Strip Parkway  
Mary Esther, Florida 32569

Nicola C. Harbeson  
889 East Miracle Strip Parkway  
Mary Esther, Florida 32569

Eva L. Willard  
225 Highway Avenue  
Ft. Walton Beach, Florida 32548

IN WITNESS WHEREOF, for the purposes of forming this corporation under the laws of the State of Florida, we, the undersigned, constituting the subscribing incorporators of this association, have executed these Articles of Incorporation this 7th day of September, 1988.



William B. Harbeson III  
WILLIAM B. HARBESON, III

Nicola C Harbeson  
NICOLA C. HARBESON

Eva L Willard  
EVA L. WILLARD

STATE OF FLORIDA    )  
                              )  
COUNTY OF OKALOOSA )

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared WILLIAM B. HARBESON, III, NICOLA C. HARBESON, and EVA L. WILLARD, to me known to be the persons described in and who executed the foregoing Articles of Incorporation and they acknowledged before me that they executed the same for the purposes therein expressed.

WITNESS my hand and official seal in the State and County aforesaid this 7<sup>th</sup> day of September, 1988.

Deanna Gilbert  
Notary Public  
My Commission Expires: AUGUST 25, 1990

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF  
PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act.

First, that Lakewood Townhome Owners' Association, Inc., desiring to organize under the laws of the State of Florida, with its registered office as indicated in the Articles of Incorporation, at 29-A Miracle Strip Parkway, Ft. Walton Beach, Florida, has named William B. Harbeson, III, at that address, as its agent to accept service of process within the State of Florida.

Having been named to accept service of process for the above-stated corporation, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provisions of said Act relative to keeping open said office.

*William B. Harbeson III*  
WILLIAM B. HARBESON, III  
Resident Agent

FILED  
1983 SEP 12 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST**

**CORPORATION  
ANNUAL REPORT  
1989**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

**AND  
FILED**

SEP - 1 11 8 48

FLORIDA DEPT. OF STATE  
CORPORATION DIVISION

Read Notice and Instructions on Other Side Before Making Entries  
**Filing Fee of \$35 Required - Make Checks Payable To: Secretary of State**

1. Name and Address of Corporation Principal Office:

ZIP - 4

N28322 B  
LAKEWOOD TOWNHOME OWNERS' ASSOCIATION, INC.  
WILLIAM B. HARBESON, III  
29-A MIRACLE STRIP PARKWAY  
FT. WALTON BEACH, FL 32548-5849

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21:

P.O. Box No. 22:

City and State 23:

Zip Code 24:

3. Date Incorporated or Qualified To Do Business in Florida

09/12/1988

4. Federal Employer Identification Number (FEIN)

59-2958997

5. Date of Last Report

6. Names and Street Addresses of Each Officer and Director as of December 31, 1988

1. Title	2. Names of Officers and Directors	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State	5.
P/D	HARBESON, WILLIAM B. III	889 E. MIRACLE STRIP PKY	MARY ESTHER, FL	
S/T/D	HARBESON, NICOLA C.	889 E. MIRACLE STRIP PKY	MARY ESTHER, FL	
V/D	WILLARD, EVA L.	225 HIGHWAY AVENUE	FT. WALTON BEACH, FL	

**REGISTERED AGENT INFORMATION**

8. Name and Address of Firm Registered Agent

Name 81:

Name and Address of Client Registered Agent

HARBESON, WILLIAM B. III  
29-A MIRACLE STRIP PARKWAY  
FT. WALTON BEACH, FL 32548

Street Address 1 (Do NOT Use P.O. Box Numbers) 82:

Street Address 2 (Do NOT Use P.O. Box Numbers) 83:

City and State 84:

FL

Zip Code 85:

9. Pursuant to the provisions of Sections 607.004 and 607.007, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on \_\_\_\_\_.

I hereby attest the appointment of registered agent firm (check one), with, and accept the obligations of, Section 607.025, F.S.:

SIGNATURE \_\_\_\_\_  
(Registered Agent Accepting Appointment)

DATE \_\_\_\_\_

10. If a foreign corporation, date first transacted business in Florida \_\_\_\_\_

11. See signature instructions under instructions on reverse side of this form.

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As if Made Under Oath. (Officer or Director signing must be listed in Block 6.)

Signature William B. Harbeson III

Typed Name of Signing Officer or Director William B. Harbeson III Pres.

Date 7-10-89

Telephone Number 904-244-1188

12. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED

\$5 Additional Fee Imposed by a Certificate of Status

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST, 1990

FD-202 (REV. 8-84)

CORPORATION  
ANNUAL REPORT  
1990



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
1990 MAR -5 - PM 1:23  
FLORIDA DEPT. OF STATE  
CORPORATIONS DIVISION  
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries  
Filing Fee of \$35 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office: **N28322 8**  
**ZIP + 4 PRESORT**  
**LAKWOOD TOWNHOME OWNERS' ASSOCIATION, INC.**  
**WILLIAM B. HARBESON, III**  
**29-A MIRACLE STRIP PARKWAY**  
**FT. WALTON BEACH, FL 32548-5849**

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box number alone is NOT sufficient. The NAME of the corporation can be changed only by filing an amendment.  
Street Address 21: **LAKWOOD TOWNHOMES #7**  
P.O. Box No. 22: **RT. 2, BOX 678-7**  
City and State 23: **SANTA ROSA BEACH, FLORIDA**  
Zip Code 24: **32459**

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3. Date Incorporation or Qualified To Do Business in Florida: **09/12/1988** 4. FEI Number: **59-2958997**  FEI Number Applied For  FEI Number Not Applicable

5. Title	6. Names of Officers and Directors	7. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	8. City and State
P/D	HARBESON, WILLIAM B. III	889 E. MIRACLE STRIP PKY	MARY ESTHER, FL
S/T/D	HARBESON, NICOLA C.	889 E. MIRACLE STRIP PKY	MARY ESTHER, FL
V/D	WILLARD, EVA L.	225 HIGHWAY AVENUE	FT. WALTON BEACH, FL
P/D	CLARK CRYDERMAN	LAKWOOD TOWNHOMES #5	SANTA ROSA BEACH, FL
V/D	EDDIE QUARLES	2619 SANDY PLAINS RD., SUITE 210, MARIETTA, GA	
S/T/D	NANCY BORLAND	LAKWOOD TOWNHOMES #7	SANTA ROSA BEACH, FL
D	BARBARA FIELDS	LAKWOOD TOWNHOMES #1	SANTA ROSA BEACH, FL

REGISTERED AGENT INFORMATION

9. Name and Address of Current Registered Agent  
**HARBESON, WILLIAM B. III**  
**29-A MIRACLE STRIP PARKWAY**  
**FT. WALTON BEACH, FL 32548**  
Name 81: **CLARK CRYDERMAN**  
Street Address 1 (Do NOT Use P.O. Box Numbers) 82: **RT. 2, BOX 678-5**  
Street Address 2 (Do NOT Use P.O. Box Number) 83:  
City and State 84: **SANTA ROSA BEACH FL** Zip Code 85: **32459**

10. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on **10/16/89**

I hereby accept the above statement of corporation and accept the obligations of Section 607.039 F.S.  
SIGNATURE: *Clark W. Cryderman* DATE: **2/18/90**  
(Registered Agent Accepting Appointment)

11. I certify that the information contained on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am an officer or director of the corporation or the member or partner employed to execute this report as required by Chapter 607, F.S.

Signature: *Clark W. Cryderman* Title: **PRESIDENT** Telephone Number: **904-231-5397**

CERTIFICATE OF STATUS DESIRED:

See Attached Form required for a Certificate of Status

**FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.**

**CORPORATION**  
**ANNUAL REPORT**  
**1991**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
FL DEPT. OF STATE  
CORPORATIONS DIV.  
TALLAHASSEE, FL.  
FILED

**FILING FEE OF \$61.25 REQUIRED**

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation: **DOCUMENT # N28322 (8)**

**LAKWOOD TOWNHOME OWNERS' ASSOCIATION, INC.**  
**LAKWOOD TOWNHOMES #7**  
**RT. 2, BOX 678-7**  
**SANTA ROSA BEACH, FL. 32459**

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21. Street Address

22. P.O. Box No. **RT. 2, Box 5140-7**

23. City and State

24. Zip Code

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3. Date Incorporated or Qualified To Do Business in Florida: **09/12/1988**

4. FEI Number: **59-2958997**

5. **\$8.75 Additional Fee required for a Certificate of Status**

6. FEI Number Applied For:  FEI Number Not Applicable:  CERTIFICATE OF STATUS DESIRED:

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

1. Title	2. Names of Officers and Directors	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State
P/D	CLARK, CRYDERMAN	LAKWOOD TOWNHOMES #5	SANTA ROSA BCH., FL.
S/T/D	BORLAND, NANCY	LAKWOOD TOWNHOMES #7	SANTA ROSA BCH., FL.
V/D	QUARLES, EDDIE	2619 SANDY PLAINS RD 210	MARIETTA, GA.
D	FIELDS, BARBARA	LAKWOOD TOWNHOMES #1	SANTA ROSA BCH., FL.

**REGISTERED AGENT INFORMATION**

7. Name and Address of Current Registered Agent:  
**CRYDERMAN, CLARK**  
**RT. 2, BOX 678-5**  
**SANTA ROSA BEACH, FL. 32459**

8. Name and Address of New Registered Agent:

81. Name

82. Street Address 1 (Do NOT Use P.O. Box Number)

83. Street Address 2 (Do NOT Use P.O. Box Number): **RT. 2, Box 5140-5**

84. City

85. Zip Code: **FL.**

9. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 607.0505, Florida Statutes.

SIGNATURE: *Clark W. Cryderman* DATE: **2-20-91**  
(Registered Agent Accepting Appointment)

10. I 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. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 6 or on an attachment with an address.

SIGNATURE: *Clark W. Cryderman* DATE: **2-20-91**

Typed Name of Signing Officer or Director: **CLARK W. CRYDERMAN** Title: **PRESIDENT** Telephone Number (Daytime): **(904) 231-5397**

**FILING FEE OF \$61.25 REQUIRED - Make Checks Payable To: Secretary of State \$8.75 Additional Fee required for a Certificate of Status**

**FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.**

CORPORATION  
ANNUAL REPORT  
1992



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

062937

APPROVED  
SEC. OF STATE  
CORPORATIONS DIV.  
TALLAHASSEE, FLA.  
FILED

Read Instructions on Other Side Before Making Entries

**FILING FEE \$61.25 Make Payable To: Secretary of State**

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation: **DOCUMENT # N28322 (8)**  
**LAKWOOD TOWNHOME OWNERS' ASSOCIATION, INC.**  
~~LAKWOOD TOWNHOMES #7~~  
~~RT 2 BOX 5140-7~~  
**SANTA ROSA BEACH FL 32459**

2. If Address in Block 1 is incorrect in any way, line through the incorrect information and enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Mailing Address  
22 P.O. Box No. **RT 2 Box 5140-5**  
23 City and State  
24 Zip Code

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2

3. Date Incorporated or Qualified To Do Business in Florida: **09/12/1988**

3a. Date of Last Report: **02/22/1991**

4. FEI Number: **59-2958997**

FEI Number Applied For  
FEI Number Not Applicable

5. **\$8.75** Additional Fee required for a Certificate of Status  
CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information)

1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
<del>P/D</del>	<del>CLARK, CRYDERMAN</del>	<del>LAKWOOD TOWNHOMES #5</del>	<del>SANTA ROSA BCH., FL.</del>
<del>P/D</del>	<del>LASLIE, MILDRED</del>	<del>LAKWOOD TOWNHOMES #6</del>	<del>SANTA ROSA BCH., FL.</del>
<del>S/D</del>	<del>BORLAND, NANCY</del>	<del>LAKWOOD TOWNHOMES #7</del>	<del>SANTA ROSA BCH., FL.</del>
<del>S/D</del>	<del>CRYDERMAN, CLARK</del>	<del>LAKWOOD TOWNHOMES #5</del>	<del>SANTA ROSA BCH., FL.</del>
<del>V/D</del>	<del>QUARLES, EDDIE</del>	<del>2819 SANDY PLAINS RD 210</del>	<del>MARIETTA, GA.</del>
<del>V/D</del>	<del>GUTHRIE, THOMAS</del>	<del>LAKWOOD TOWNHOMES #12</del>	<del>SANTA ROSA BCH., FL.</del>
<del>D</del>	<del>FIELDS, BARBARA</del>	<del>LAKWOOD TOWNHOMES #1</del>	<del>SANTA ROSA BCH., FL.</del>
<del>T</del>	<del>KEYES, KASSY</del>	<del>LAKWOOD TOWNHOMES #5</del>	<del>SANTA ROSA BCH., FL.</del>
<del>T</del>			

**REGISTERED AGENT INFORMATION**

7. Name and Address of Current Registered Agent

**CRYDERMAN, CLARK**  
**RT. 2 BOX 5140-5**  
**SANTA ROSA BEACH, FL. 32459**

8. Name and Address of New Registered Agent

81 Name  
82 Street Address (Do NOT Use P.O. Box Numbers)  
83 Street Address 2 (Do NOT Use P.O. Box Numbers)  
84 City  
85 Zip Code  
**FL.**

9. To qualify for the extension of Sections 607.022 and 607.023 or Sections 617.0502 and 617.1243, Florida Statutes, the above named corporation must file this statement with the Secretary of State and pay a fee of \$10.00 for each agent or officer, in the State of Florida. Such change was authorized by the corporation's board of directors. If any agent or officer declines to act as a registered agent, then the corporation must file a new statement with the Secretary of State within 30 days of the expiration of the term of the Florida Statutes.

10. I hereby certify that the above information is true and correct to the best of my knowledge and belief. (Do not check this box unless you are a director or officer of the corporation.)

11. I hereby certify that the above information is true and correct to the best of my knowledge and belief, and that I am a director or officer of the corporation. (Do not check this box unless you are a director or officer of the corporation.)

SIGNATURE *Mildred F. Laslie* DATE **6-24-92**  
MILDRED F. LASLIE PRESIDENT Telephone Number (404) 231-1078

12. Should you wish to contribute to the Florida Children's Financing Trust Fund, check the box and include an additional \$5.00 to the filing fee.

**File Now Filing Fee after May 1 is \$225.00**

**CORPORATION  
ANNUAL REPORT  
1993**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

1993 MAY 13 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Corporation: **DOCUMENT # N28322 (8)**  
**LAKWOOD TOWNHOME OWNERS' ASSOCIATION, INC.**  
**RT. 2 BOX 5140-5**  
**SANTA ROSA BEACH FL 32459**

DO NOT WRITE IN THIS SPACE

3. Date Incorporation or Charter: **09/12/1988** 3a. Date of Last Report: **06/29/1992**  
4. Fil Number: **592958997** Applied For:  Not Applicable:

FILING FEE: **\$200.00** ANNUAL REPORT: **\$61.25** + **\$138.75** CORPORATION SUPPLEMENTAL FEE: **MAKE CHECK PAYABLE TO DEPARTMENT OF STATE**

5. Certificate of Status (Required)  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**  
7. Report with IRS (1120-C)  **\$138.75 Supplemental Fee Not Required**  
8. This corporation has liability for sales tax (Section 219.032, Florida Statutes)  No  Yes

2. Mailing Address: 2a. Principal Place of Business  
21. State, Apt. #, etc. 26. State, Apt. #, etc.  
22. City & Zip 27. City & State  
23. City & State 28. City & State  
24. City & State 25. City & State 29. City & State 30. City & State

9. Name and Address of Current Registered Agent: **CRYDERMAN, CLARK**  
**RT. 2 BOX 5140-5**  
**SANTA ROSA BEACH FL 32459**  
10. Name and Address of New Registered Agent:  
B1. Name  
B2. Street Address (P.O. Box Number is Not Allowed)  
B3.  
B4. City, State, Zip Code, Country: **FL** B5. Zip Code B6. Country

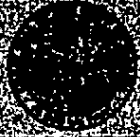
11. Pursuant to the provisions of Sections 607.0200 and 607.1025 of the Florida Statutes, the above-named corporation certifies that payment for the purchase of shares by its registered office has been made in full, in the State of Florida. Such payment was authorized by the corporation's board of directors. I hereby declare the above stated to be a true and correct statement and accept the obligations of Section 607.0200, Florida Statutes.

12. DIRECTORS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
NAME	<b>P/D</b> <b>LASLE, MILDRED</b> <b>LAKWOOD TOWNHOMES #6</b> <b>SANTA ROSA BCH. FL</b>	NAME	<b>N/D</b>
ADDRESS	<b>S/D</b> <b>CRYDERMAN, CLARK</b> <b>LAKWOOD TOWNHOMES #15</b> <b>SANTA ROSA BCH. FL</b>	NAME	<b>S</b>
ADDRESS	<b>P/D</b> <b>GUTHRIE, THOMAS</b> <b>LAKWOOD TOWNHOMES #12</b> <b>SANTA ROSA BCH. FL</b>	NAME	<b>P/D</b>
ADDRESS	<b>D</b> <b>FIELDS, BARBARA</b> <b>LAKWOOD TOWNHOMES #1</b> <b>SANTA ROSA BCH. FL</b>	NAME	
ADDRESS	<b>K</b> <b>KEYES, KASSY</b> <b>LAKWOOD TOWNHOMES #5</b> <b>SANTA ROSA BCH. FL</b>	NAME	<b>T/D</b>

14. I hereby certify that the above information is true and correct to the best of my knowledge and belief, and that I am a duly qualified officer or director of the corporation. My term of office as a director expires on the date of the next annual meeting of the corporation, to be held on the first day of the month of May, 1994. I hereby declare the above stated to be a true and correct statement and accept the obligations of Section 607.0200, Florida Statutes.

SIGNATURE: *Thomas Guthrie* Date: **5/3/93**  
**Thomas Guthrie** PRESIDENT/DIRECTOR (904) 231-1677

REGISTRATION  
ANNUAL REPORT  
1994



Department of Banking  
and Finance  
Secretary of State  
DIVISION OF CORPORATIONS

REG-3 PR 2-41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporate Name  
LAKEWOOD TOWNHOME OWNERS ASSOCIATION INC

DOCUMENT #  
N28322 (8)

2. Mailing Address  
RT-2 BOX 5140-5  
SANTA ROSA BEACH FL 32459

2a. Principal Place of Business  
RT-2 BOX 5140-5  
SANTA ROSA BEACH FL 32459

DO NOT WRITE IN THIS SPACE

21. Mailing Address  
RT-2 Box 5140-7

2a. Principal Place of Business  
RT-2 Box 5140-7

3. Date Incorporated or Qualified: 09/12/1988  
3a. Date of Last Report: 05/13/1993  
4. FEI Number: 59-2958997  
Applied For:  Next Applicable:

22. State, Apt. #, etc.

27. Subn. Apt. #, etc.

5. Certificate of Status Desired: \$8.75    
6. Election Campaign Financing Trust Fund Contribution:

23. City & State

28. City & State

7. Nonprofit Exempt from \$138.75 Supplemental Fee:   
8. This corporation has liability for intangible tax under S. 199.052, Florida Statutes:  Yes  No

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent  
CRYDERMAN, CLARK  
RT-2 BOX 5140-5  
SANTA ROSA BEACH FL 32459

10. Name and Address of New Registered Agent  
81. Name: MILDRED LASLIE  
82. Street Address (P.O. Box Number is Not Acceptable): RT-2 Box 5140-6  
83.  
84. SANTA ROSA Bch FL 85. Zip Code: 32459

11. Pursuant to the provisions of Sections 607.0502 and 607.1506 or Sections 617.0502 and 617.1506, 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 the corporation, and accept the obligations of Section 607.0505 or 617.0503, Florida Statutes.  
SIGNATURE: *Mildred Laslie* DATE: 5-20-94

12. OFFICERS AND DIRECTORS

11. TITLE	V/D
12. NAME	LASLIE, MILDRED
13. STREET ADDRESS	LAKEWOOD TOWNHOMES #6
14. CITY - ST - ZIP	SANTA ROSA Bch FL
21. TITLE	O
22. NAME	CRYDERMAN, CLARK
23. STREET ADDRESS	LAKEWOOD TOWNHOMES #5
24. CITY - ST - ZIP	SANTA ROSA Bch FL
31. TITLE	P/D
32. NAME	GUTHRIE, THOMAS
33. STREET ADDRESS	LAKEWOOD TOWNHOMES #12
34. CITY - ST - ZIP	SANTA ROSA Bch FL
41. TITLE	D
42. NAME	FIELDS, BARBARA
43. STREET ADDRESS	LAKEWOOD TOWNHOMES #1
44. CITY - ST - ZIP	SANTA ROSA Bch FL
51. TITLE	T/D
52. NAME	KEYES, KASSY
53. STREET ADDRESS	LAKEWOOD TOWNHOMES #5
54. CITY - ST - ZIP	SANTA ROSA Bch FL
61. TITLE	
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	V/D
12. NAME	MILDRED LASLIE
13. STREET ADDRESS	RT-2 Box 5140-6
14. CITY - ST - ZIP	SANTA ROSA Bch, FL 32459
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	
52. NAME	NANCY BOZEMAN
53. STREET ADDRESS	LAKEWOOD TOWNHOMES #7
54. CITY - ST - ZIP	SANTA ROSA Bch FL 32459
61. TITLE	
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

14. I do hereby certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(a) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or 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: *Mildred Laslie* DATE: 5-20-94



**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**FILED**

95 MAR 15 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N28322** (8)

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

400001435364  
-03/21/95-01:14-002  
\*\*\*\*138:75 \*\*\*\*138:75

DO NOT WRITE IN THIS SPACE

Principal Place of Business: RT 2 BOX 5140-7 SANTA ROSA BEACH FL 32459 US  
Mailing Address: RT 2 BOX 5140-7 SANTA ROSA BEACH FL 32459 US

3. Date Incorporated or Quiesced: **09/12/1988**  
3a. Date of Last Report: **06/03/1994**

4. FEI Number: **59-2958997**  
Applied For:  Not Applicable:

2. Principal Place of Business: 21 **55-7 SHANNON DR**  
2a. Mailing Address: 2a **55-7 SHANNON DR**  
22. Suite, Apt., etc.: 22  
26. Suite, Apt., etc.: 26

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

6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**

23. City & State: 23 **SANTA ROSA BEACH, FL**  
28. City & State: 28 **SANTA ROSA BEACH, FL**  
24. Zip: 24 **32459** 25. Country: 25 **USA**  
29. Zip: 29 **32459** 30. Country: 30 **USA**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**LASLIE, MILDRED**  
RT 2 BOX 5140-6  
SANTA ROSA BEACH FL 32459

10. Name and Address of New Registered Agent

81. Name: **55-6 SHANNON DR**  
82. Street Address (P.O. Box Number is Not Acceptable): **55-6 SHANNON DR**  
83. City: **FL** 85. Zip Code: **85**

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

11.1 NAME	<b>VDS</b>
11.2 STREET ADDRESS	<b>LASLIE, MILDRED F</b>
11.3 CITY-STATE-ZIP	<b>RT 2 BOX 5140-6</b>
11.4 TITLE	<b>SANTA ROSA BCH. FL</b>
11.5 NAME	<b>PD</b>
11.6 STREET ADDRESS	<b>GUTHRIE, THOMAS</b>
11.7 CITY-STATE-ZIP	<b>LAKEWOOD TOWNHOMES #12</b>
11.8 TITLE	<b>SANTA ROSA BCH FL</b>
11.9 NAME	<b>D</b>
11.10 STREET ADDRESS	<b>FIELDS, BARBARA</b>
11.11 CITY-STATE-ZIP	<b>LAKEWOOD TOWNHOMES #1</b>
11.12 TITLE	<b>SANTA ROSA BCH. FL</b>
11.13 NAME	<b>TD</b>
11.14 STREET ADDRESS	<b>BORLIFND, NANCY</b>
11.15 CITY-STATE-ZIP	<b>LAKEWOOD TOWNHOMES #3</b>
11.16 TITLE	<b>SANTA ROSA BEACH FL</b>
11.17 NAME	
11.18 STREET ADDRESS	
11.19 CITY-STATE-ZIP	
11.20 NAME	
11.21 STREET ADDRESS	
11.22 CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

12.1 NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS	<b>55-6 SHANNON DR</b>	
12.3 CITY-STATE-ZIP		
12.4 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME	<b>55-12 SHANNON DR</b>	
12.6 STREET ADDRESS		
12.7 CITY-STATE-ZIP		
12.8 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME	<b>TD</b>	
12.10 STREET ADDRESS	<b>BORLAND, NANCY</b>	
12.11 CITY-STATE-ZIP	<b>55-7 SHANNON DR</b>	
12.12 TITLE	<b>SANTA ROSA BEACH, FL 32459</b>	
12.13 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS		
12.15 CITY-STATE-ZIP		
12.16 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 STREET ADDRESS		
12.18 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the corporation stated in Section 119.071(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath by the officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name is included in Block 12 or Block 13 of this report, or certain other report with an appendix.

SIGNATURE: **Nancy M. Borland**  
Treasurer

2-25-95 (904) 231-5369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Legal Fee