

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90146 042 ****61.25

DOCUMENT # N28322

1. Entity Name
LAKWOOD TOWNHOME OWNERS' ASSOCIATION, INC.



Principal Place of Business
**55 SHANNON DRIVE., #12-8
SANTA ROSA BEACH FL 32459
US**

Mailing Address
**55 SHANNON DRIVE., #12-8
SANTA ROSA BEACH FL 32459
US**

2. Principal Place of Business
55 Shannon Dr #8

3. Mailing Address
55 Shannon Dr #8

Suite, Apt. #, etc.

City & State



CHECK HERE IF MAKING CHANGES

Zip Country Zip Country

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

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

6. Name and Address of Current Registered Agent
**GUTHRIE, THOMAS
55 SHANNON DRIVE., #12
SANTA ROSA BEACH FL 32459**

7. Name and Address of New Registered Agent
Name **Mildred Haslie**
Street Address (P.O. Box Number is Not Acceptable)
55 Shannon Dr #8
City **Santa Rosa Beach 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 *Mildred F. Haslie* **Mildred Haslie** **4-7-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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 type="checkbox"/> Delete
NAME	GUTHRIE, THOMAS	
STREET ADDRESS	55 SHANNON DRIVE., #12	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LASLIE, MILDRED	
STREET ADDRESS	55 SHANNON DRIVE., #8	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KEYES, KASSY	
STREET ADDRESS	55 SHANNON DRIVE., #5	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FILLINGIM, LIBBY	
STREET ADDRESS	55 SHANNON DRIVE., #11	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	D	<input type="checkbox"/> Delete
NAME	FIELDS, BARBARA	
STREET ADDRESS	55 SHANNON DRIVE., #1	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input 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		
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 exemption stated in Section 119.07(3)(i), 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 empowered.

SIGNATURE: *Thomas Guthrie* **THOMAS GUTHRIE** **April 7, 2003** **850-231-1078**

CR2E037 (10/02)