FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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95 MAR -2 PM 3:50

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # N36052 (1)

1. Corporation Name

LAKEWOOD PARK PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7508 JENNINGS WAY FT PIERCE FL 34951-2118	7508 JENNINGS WAY FT PIERCE FL 34951-2118

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/10/1990
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-1304858 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
REED, CATHY 7508 JENNINGS WAY FT PIERCE FL 34951-2118	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. 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, 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 Cathy Reed — Signature, typed or printed name of registered agent and title if applicable. Cathy Reed (NOTE: Registered Agent's signature required when reinstating) DATE 2-21-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	ROY, GERALDEAN E.	1.2 NAME	EARL K. JONES	
STREET ADDRESS	6104 DEBORAH WAY	1.3 STREET ADDRESS	6608 Hulda Drive	
CITY-ST-ZIP	FT PIERCE FL	1.4 CITY-ST-ZIP	Fort Pierce, FL 34951	
TITLE	VD	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	CASSADAY, JAMES C.	2.2 NAME	SAN BAUTISTA	
STREET ADDRESS	6902 PENNY LN.	2.3 STREET ADDRESS	7903 Hamilton Avenue	
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	Fort Pierce, FL 34951	
TITLE	STD	3.1 TITLE	STD	☒ Change ☐ Addition
NAME	SMITH, SUSAN E.	3.2 NAME	CARL S. BENCKERT	
STREET ADDRESS	8001 EDEN ROAD	3.3 STREET ADDRESS	7200 Roberts Road.	
CITY-ST-ZIP	FT PIERCE FL	3.4 CITY-ST-ZIP	Fort Pierce, FL 34951	
TITLE	D	4.1 TITLE	D	☐ Change ☒ Addition
NAME	SIMMONS, SHARON	4.2 NAME	William Stone	
STREET ADDRESS	5605 KILLARNEY AVE	4.3 STREET ADDRESS	6504 Ft. Pierce, Blvd.	
CITY-ST-ZIP	FT PIERCE FL	4.4 CITY-ST-ZIP	Fort Pierce, FL 34951	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BENCKERT, CARL S.	5.2 NAME	Sharon Simmons	
STREET ADDRESS	7200 ROBERTS ROAD	5.3 STREET ADDRESS	7804 Palomar Drive	
CITY-ST-ZIP	FT PIERCE FL	5.4 CITY-ST-ZIP	Ft. Pierce, FL 34951	
TITLE	D	6.1 TITLE	D	☐ Change ☐ Addition
NAME	HUNTER, HAROLD R. SR.	6.2 NAME	Harold Hunter	
STREET ADDRESS	4806 LAKEWOOD PARK DR.	6.3 STREET ADDRESS	4806 Lakewood Park Drive	
CITY-ST-ZIP	FT PIERCE FL	6.4 CITY-ST-ZIP	Ft Pierce, FL 34951	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Earl K. Jones EARL K. JONES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 Feb 95 407 464-9377
Date Daytime Phone #

0060793