

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36052** (1)

1. Corporation Name

LAKEWOOD PARK PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business 7508 JENNINGS WAY FT PIERCE FL 34951-2118	Mailing Address 7508 JENNINGS WAY FT PIERCE FL 34951-2118
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2. Principal Place of Business 21 SAME Suite, Apt. #, etc. 22 NA City & State 23 SAME Zip 24 SAME	2a. Mailing Address 25 SAME Suite, Apt. #, etc. 26 NA City & State 27 SAME Zip 28 SAME
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3. Date Incorporated or Qualified 01/10/1990	
4. FEI Number 59-6152228	Applied For ☐ Not Applicable
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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

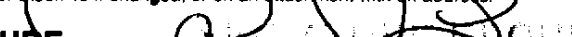
9. Name and Address of Current Registered Agent LUCAS, AMANDA D 6150 LEE BLVD FT PIERCE FL 34951	10. Name and Address of New Registered Agent 81 Name AMANDA LUCAS 82 Street Address (P.O. Box Number is Not Acceptable) 6150 LEE BLVD 83 84 City FT PIERCE FL 85 Zip Code 34951
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11. Pursuant to the provisions of Sections 617.0562 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE  **1-14-98** **561-489-5777**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE VP ☒ DELETE NAME PERAGINE, ANTONIO STREET ADDRESS 8106 COQUINA AVE CITY-ST-ZIP FT PIERCE FL	1.1 TITLE PRESIDENT ☒ Change ☐ Addition 1.2 NAME C.R. FITZPATRICK 1.3 STREET ADDRESS 7406 PENSACOLA RD 1.4 CITY-ST-ZIP FT PIERCE FL 34951
TITLE PD ☒ DELETE NAME BAUTISTA, SAN STREET ADDRESS 7903 HAMILTON AVE. CITY-ST-ZIP FT. PIERCE FL	2.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition 2.2 NAME WIL COLLIER 2.3 STREET ADDRESS 7107 BROOKLINE AVE 2.4 CITY-ST-ZIP FT PIERCE, FL
TITLE STD ☐ DELETE NAME RAINES, ROBERT STREET ADDRESS 8605 SALERNO ROAD CITY-ST-ZIP FT PIERCE FL	3.1 TITLE STD ☐ Change ☐ Addition 3.2 NAME ROBERT RAINES 3.3 STREET ADDRESS 8605 SALERNO RD 3.4 CITY-ST-ZIP FT PIERCE, FL
TITLE D ☒ DELETE NAME BODDY, CORWIN STREET ADDRESS 7101 CABANA LANE CITY-ST-ZIP FT PIERCE FL	4.1 TITLE D ☒ Change ☐ Addition 4.2 NAME ROBERT LUCAS 4.3 STREET ADDRESS 6150 LEE BLVD 4.4 CITY-ST-ZIP FT PIERCE, FL
TITLE D ☐ DELETE NAME FITZPATRICK, C R STREET ADDRESS 7408 PENSACOLA ROAD CITY-ST-ZIP FT PIERCE FL	5.1 TITLE D ☒ Change ☐ Addition 5.2 NAME MARY ELLEN TEN EYCK 5.3 STREET ADDRESS 6702 SANTA CLARA RD 5.4 CITY-ST-ZIP FT PIERCE, FL
TITLE D ☐ DELETE NAME WOLFE, JEANNE STREET ADDRESS 6505 LAKELAND BLVD CITY-ST-ZIP FT PIERCE FL	6.1 TITLE D ☐ Change ☐ Addition 6.2 NAME JEANNE WOLF 6.3 STREET ADDRESS 6505 LAKELAND 6.4 CITY-ST-ZIP FT PIERCE, FL

14. 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 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  **1-14-98** **561-489-5777**

CR2E037 (10/97)